


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90061 016 ****70.00

DOCUMENT # N18122					
1. Entity Name EDEN EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 4808 EDEN VIEW CT. P.O. BOX 608354 ORLANDO, FL 32860-5354			Mailing Address 4808 EDEN VIEW CT. P.O. BOX 608354 ORLANDO, FL 32860-5354		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03092004 Chg-NP CR2E037 (10/03)	
4. FEI Number 59-2776543				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MADDOX, LAURA 4848 EDEN VIEW COURT ORLANDO, FL 32810			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUTLEDGE, JAY 4884 EDEN VIEW CT ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Hayes Davis 8004 Eden Park Road Orlando, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADDOX, LAURA 4848 EDEN VIEW COURT ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDOX, ALLEN 4848 EDON VIEW CT ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jay Rutledge 4884 Eden View Ct Orlando, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, LEO 4841 EDEN VIEW CT ORLANDO, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anette Melendez 8008 Eden View Ct Orlando, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGE, DOMINADOR I 4910 EDEN VIEW CT ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D George Solomon 4825 Eden View Ct Orlando, FL 32810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWINDLE, SHERRI 4911 EDEN VIEW CT ORLANDO, FL 32810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Laura L Maddox</i> Laura L Maddox			3/11/04 407-345-3831		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		