


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90342 009 \*\*\*\*61.25

<b>DOCUMENT # N18122</b> 1. Entity Name <b>EDEN EAST HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>4808 EDEN VIEW CT. P.O. BOX 608354 ORLANDO, FL 32860-5354</b>		Mailing Address <b>4808 EDEN VIEW CT. P.O. BOX 608354 ORLANDO, FL 32860-5354</b>	
2. Principal Place of Business <b>8008 EDEN PARK RD.</b>		3. Mailing Address <b>8008 EDEN PARK RD.</b>	
Suite, Apt. #, etc. <b>P.O. Box 608354</b>		Suite, Apt. #, etc. <b>P.O. Box 608354</b>	
City & State <b>Orlando, Florida</b>		City & State <b>Orlando, Florida</b>	
Zip <b>32860-5354</b>		Zip <b>32860-5354</b>	
Country <b>Orange</b>		Country <b>Orange</b>	
4. FEI Number <b>59-2776543</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MADDOX, LAURA 4848 EDEN VIEW COURT ORLANDO, FL 32810</b>		7. Name and Address of New Registered Agent Name <b>ANETTE MELENDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>8008 EDEN PARK RD.</b> City <b>Orlando</b> FL <b>FL</b> Zip Code <b>32810</b>	
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 <u><i>Sup niece / President</i></u> <span style="float: right;">4-20-06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> <b>ANETTE MELENDEZ</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE P NAME DAVIS, WILSON STREET ADDRESS 8004 EDEN PARK ROAD CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE P NAME MELENDEZ, ANETTE STREET ADDRESS 8008 EDEN PARK RD. CITY-ST-ZIP Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MADDOX, LAURA STREET ADDRESS 4848 EDEN VIEW COURT CITY-ST-ZIP ORLANDO, FL	<input checked="" type="checkbox"/> Delete	TITLE T NAME BURCE, Dominador STREET ADDRESS 4910 EDEN VIEW CT. CITY-ST-ZIP Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BURCE, DOMINADOR STREET ADDRESS 4910 EDEN VIEW COURT CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE D NAME SWINDLE, Sherrri STREET ADDRESS 4911 EDEN VIEW CT. CITY-ST-ZIP Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MELENDEZ, ANETTE STREET ADDRESS 8008 EDEN VIEW CT CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE D NAME WILSON, HAYES STREET ADDRESS 8004 EDEN PARK RD CITY-ST-ZIP Orlando, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME SALOMON, GEORGE STREET ADDRESS 4825 EDEN VIEW CT CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE D NAME SELLECK, RON. STREET ADDRESS 4840 EDEN VIEW CT. CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SWINDLE, SHERRI STREET ADDRESS 4911 EDEN VIEW CT CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE S NAME MITCHELL, Cynthia STREET ADDRESS 4808 EDEN VIEW CT. CITY-ST-ZIP ORLANDO, FL 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>ANETTE MELENDEZ</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>ANETTE MELENDEZ</b>		Date <u>4-20-06</u> Daytime Phone # <u>407-522-9856</u>	