


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90268 036 \*\*\*\*61.25

<b>DOCUMENT # N18122</b> 1. Entity Name EDEN EAST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business <b>8008 EDEN PARK RD-</b> ORLANDO, FL 32810			Mailing Address P O BOX 608354 ORLANDO, FL 32810-8354		
2. Principal Place of Business - No P.O. Box # <b>4840 EDEN VIEW CT.</b>		3. Mailing Address <b>Same as above</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2776543</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BECKER &amp; POLIAKOFF, P.A.</b> <b>ATTN: MARLENE L KIRKLAND, ESQ</b> <b>2500 MAITLAND CTR PKWY STE 209</b> <b>MAITLAND, FL 32751</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MELENDEZ, ANNETTE 8008 EDEN PARK RD ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELLECK, RON 4840 EDEN VIEW CT. ORLANDO, FL. 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOMINADEN, BURGE 4910 EDEN VIEW CT ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURGE, DOMINADOR 4910 EDEN VIEW CT. ORLANDO, FL. 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWINDLE, SHERRI 4911 EDEN VIEW CT ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVORE, TAMMY 4942 EDEN VIEW CT. ORLANDO, FL. 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, HAYES 8004 EDEN PARK RD ORLANDO, FL 32810	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ELEATHA 4902 EDEN VIEW CT. ORLANDO, FL. 32810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELLECK, RON 4840 EDEN VIEW CT ORLANDO, FL 32810	<input checked="" 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	S MITCHELL, CYNTHIA 4808 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 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.					
<b>SIGNATURE:</b> <u>Dominador Burge, Treasurer</u> <b>4/19/07</b> <b>407-797-5527</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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