

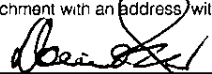


FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N18122		Secretary of S	
1. Entity Name EDEN EAST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 4840 EDEN VIEW CT ORLANDO, FL 32810		Mailing Address PO BOX 608354 ORLANDO, FL 32860-5354	
DO NOT WRITE IN THIS SPACE			
		01172008 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-2776543	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. ATTN: MARLENE L KIRKLAND, ESQ 2500 MAITLAND CTR PKWY STE 209 MAITLAND, FL 32751		DO NOT WRITE IN THIS SPACE	
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)</small> DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<div>U000000826733 02/21/08-80062-001 61.25</div> DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELLECK, RON 4840 EDEN VIEW CT ORLANDO, FL 32810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BURCE, DOMINADOR 4840 EDEN VIEW CT ORLANDO, FL 32810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVORE, TAMMY 4840 EDEN VIEW CT ORLANDO, FL 32810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ELEATHA 4840 EDEN VIEW CT ORLANDO, FL 32810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MITCHELL, CYNTHIA 4808 EDEN VIEW CT ORLANDO, FL 32810		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  Dominador Burce - Treasurer		Date: 2/11/08	Daytime Phone #: 407-793-5527
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			