


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # N21866 1. Entity Name EDEN-DODGE ESTATES ASSOCIATION, INC.	
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Principal Place of Business 217 SANDPIPER DRIVE PALM BEACH, FL 33480 US	Mailing Address C/O SHELTON CLYATT, JR 217 SANDPIPER DRIVE PALM BEACH, FL 33480 US
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**DO NOT WRITE IN THIS SPACE**



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number NOT APPLICABLE	Applied For 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

CLYATT, SHELTON JR  
217 SANDPIPER DRIVE  
PALM BEACH, FL 33480

**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: *Shelton Clyatt, Jr.* DATE: 4-3-2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROEHLING, KATE
STREET ADDRESS	PLEASANT RUN FARM, 74 BARRY RD
CITY-ST-ZIP	LAMBERVILLE, NJ 08530
TITLE	D
NAME	CLYATT, SHELTON
STREET ADDRESS	217 SANDPIPER DRIVE
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	HEILIGENSTEIN, C E
STREET ADDRESS	225 EDEN ROAD
CITY-ST-ZIP	PALM BEACH, FL
TITLE	D
NAME	RUTHERFORD, NED
STREET ADDRESS	257 TRADEWIND DRIVE
CITY-ST-ZIP	PALM BEACH, FL
TITLE	V
NAME	ZIMMER, ROBERT
STREET ADDRESS	341 EDEN ROAD
CITY-ST-ZIP	PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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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: *Shelton Clyatt* DATE: April 3, 2008 (561)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 848-7650

SHELTON CLYATT