

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003411 (4)
1. Corporation Name
EDEN PLACE OWNERS ASSOCIATION, INC



Principal Place of Business: **11217 SAN JOSE BLVD JACKSONVILLE FL 32223**
Mailing Address: **11217 SAN JOSE BLVD JACKSONVILLE FL 32223**

3. Date incorporated or Qualified: **07/17/1995**
3a. Date of Last Report

2. Principal Place of Business: **21 2215 EAST STATE ROAD 200**
2a. Mailing Address: **26 P O BOX 1987**

4. FEI Number: **59-3366431**
Applied For: Not Applicable

Suite, Apt. #, etc. (22) Suite, Apt. #, etc. (27)

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State (23) **YULEE FL** City & State (28) **YULEE FL**

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

Zip (24) **32097** Country (25) **US** Zip (29) **32097-1987** Country (30) **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**NEWTON, CLIFFORD B
10192 SAN JOSE BLVD
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent
81 Name: **TERRELL J POWELL**
82 Street Address (P.O. Box Number is Not Acceptable): **2215 EAST STATE ROAD 200**
83
84 City: **YULEE** FL 85 Zip Code: **32097**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Terrell J. Powell* DATE: **3-1-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNS, KENNETH L JR	12 NAME	
STREET ADDRESS	11217 SAN JOSE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	14 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, ELINORE C	22 NAME	
STREET ADDRESS	11217 SAN JOSE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	24 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, DEBORAH H	32 NAME	
STREET ADDRESS	11217 SAN JOSE BLVD	33 STREET ADDRESS	800001777918
CITY-ST-ZIP	JACKSONVILLE FL 32223	34 CITY-ST-ZIP	-04/12/96--01016--009
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	***61.25
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Deborah H Dunbar* DATE: **3/21/96** Daytime Phone #: **262-771V**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Deborah H. Dunbar**

CR2E037 (12/95)