

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90014 014 ****61.25

DOCUMENT # N95000003411

1. Entity Name

EDEN PLACE OWNERS ASSOCIATION, INC

Principal Place of Business

2215 EAST STATE ROAD 200
 YULEE FL 32097

Mailing Address

P.O. BOX 1987
 YULEE FL 32041-1987
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3366431

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POWELL, TERRELL J
 2215 EAST STATE ROAD 200
 YULEE FL 32097

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
 NAME **JOHNS, KENNETH L JR**
 STREET ADDRESS **11217 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **PD** Change Addition
 NAME **Larry Harrison**
 STREET ADDRESS **5376 Blue Pacific Dr. W**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **VD** Delete
 NAME **ZAKOSEK, JOHN E**
 STREET ADDRESS **11217 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VD** Change Addition
 NAME **JOE GRABOWSKI**
 STREET ADDRESS **10558 LAKE HOLLOW LN**
 CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **SD** Delete
 NAME **ARNOLD, CHARLES W III**
 STREET ADDRESS **11217 SAN JOSE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **SD** Change Addition
 NAME **Michelle Kent**
 STREET ADDRESS **5327 Blue Pacific Dr. W**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **LARRY HARRISON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

904/225-9070

Date

Daytime Phone #

CR2E037 (9/99)