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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000004241 (3)
1. Corporation Name
EDEN PINES COLONY PROPERTY OWNERS ASSOCIATION, I NC.



Principal Place of Business Mailing Address
20169 CEDAR DRIVE BIG PINE KEY FL 33043
~~20169 CEDAR DRIVE~~
BIG PINE KEY FL 33043-6002

3. Date Incorporated or Qualified 08/14/1996
3a. Date of Last Report

2. Principal Place of Business
21 LORD OF THE SEAS KEY DEER BLVD
Suite, Apt. #, etc.
22
23 City & State BIG PINE KEY, FL
Zip 33043 Country MONROE
24 33043 25 MONROE
26 P.O. Box 430196
27
28 City & State BIG PINE KEY, FL
Zip 33043 Country MONROE
29 33043 30 MONROE

4. FEI Number 65-0695029
Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
CINTRON, ROBERT JR.
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 office 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR <input type="checkbox"/> DELETE
NAME	HOWARD L. MERKEL
STREET ADDRESS	29122 CEDAR DR
CITY - ST - ZIP	BIG PINE KEY, FL 33043
TITLE	1ST VICE PRESIDENT - DIRECTOR <input type="checkbox"/> DELETE
NAME	JACK STALB
STREET ADDRESS	29178 CEDAR DR
CITY - ST - ZIP	BIG PINE KEY, FL 33043
TITLE	2ND VICE PRESIDENT - DIRECTOR <input type="checkbox"/> DELETE
NAME	BUD KLEIPER
STREET ADDRESS	29122 ALHAMBRA RA
CITY - ST - ZIP	BIG PINE KEY, FL 33043
TITLE	SECRETARY - DIRECTOR <input type="checkbox"/> DELETE
NAME	SUSAN WHITE
STREET ADDRESS	29052 MAGNOLIA DR
CITY - ST - ZIP	BIG PINE KEY, FL 33043
TITLE	TREASURER - DIRECTOR <input type="checkbox"/> DELETE
NAME	JACK DYKHUISEN
STREET ADDRESS	1232 SEAN AVE
CITY - ST - ZIP	BIG PINE KEY, FL 33043
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	PATRICIA ANN
STREET ADDRESS	29044 BEGONIA
CITY - ST - ZIP	BIG PINE KEY, FL 33043

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARIE SHINKOVICH
1.3 STREET ADDRESS	1206 W. SHORE DR
1.4 CITY - ST - ZIP	BIG PINE KEY, FL 33043
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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 Howard L. Merkel, President DATE 4/20/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HOWARD L. MERKEL DAYTIME PHONE # 305-872-8998

CR2E037 (9/96)