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Apr 29 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

LORD OF THE SEAS
KEY DEER BLVD
BIG PINE KEY FL 33043
US

PO BOX 430196
BIG PINE KEY FL 33043
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/14/1996

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

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

CINTRON, ROBERT JR.
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | HOWARD L. MERKEL | |
| STREET ADDRESS | 2912 CEDAR DR. | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | JACK STALB | |
| STREET ADDRESS | 29178 CEDAR DR. | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | BUD KLIPPEU | |
| STREET ADDRESS | 29122 GUAVA LANE | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | SUSAN WHITE | |
| STREET ADDRESS | 29052 MAGNOLIA DR. | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | VICKI DYKLUSEN | |
| STREET ADDRESS | 1232 FERN AVE. | |
| CITY-ST-ZIP | BIG PINE KEY FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | PATRICA BAY | |
| STREET ADDRESS | 29044 BEGONIA | |
| CITY-ST-ZIP | BIG PINE KEY FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|---|
| 1.1 TITLE | Pres | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | MAE CINTRON | |
| 1.3 STREET ADDRESS | 29149 Cedar Dr | |
| 1.4 CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | JAMES FISHER | |
| 2.3 STREET ADDRESS | 29018 PALM AVE | |
| 2.4 CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| 3.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | HOWARD L. MERKEL | |
| 3.3 STREET ADDRESS | 29122 Cedar Dr | |
| 3.4 CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| 4.1 TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | PATRICIA DAY | |
| 4.3 STREET ADDRESS | 29044 BEGONIA | |
| 4.4 CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| 5.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | SANDRA GORDON | |
| 5.3 STREET ADDRESS | 29140 mango Ln | |
| 5.4 CITY-ST-ZIP | BIG PINE KEY FL 33043 | |
| 6.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | LARRY CONLEY | |
| 6.3 STREET ADDRESS | 29004 MAGNOLIA DR | |
| 6.4 CITY-ST-ZIP | BIG PINE KEY FL 33043 | |

14. 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 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:

Sandra L Gordon SANDRA L GORDON

4/3/98

305-872-4314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0024583

CR2E037 (10/97)