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May 07, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004241

1. Corporation Name
EDEN PINES COLONY PROPERTY OWNERS ASSOCIATION, I NC.

Principal Place of Business LORD OF THE SEAS KEY DEER BLVD BIG PINE KEY FL 33043 US	Mailing Address PO BOX 430196 BIG PINE KEY FL 33043 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/14/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0695029
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MERKEL, HOWARD L.	
STREET ADDRESS	2912 CEDAR DR.	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, JAMES	
STREET ADDRESS	29018 PALM AVE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CINTRON, MAE	
STREET ADDRESS	29149 CEDAR DR	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GORDON, SANDRA	
STREET ADDRESS	29140 MANGO LANE	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONLEY, LARRY	
STREET ADDRESS	29004 MAGNOLIA DR	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAY, PATRICIA	
STREET ADDRESS	29044 BEGONIA	
CITY-ST-ZIP	BIG PINE KEY FL 33043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howard Bleich	
2.3 STREET ADDRESS	29287 Cypress Dr	
2.4 CITY-ST-ZIP	Big Pine Key FL 33043	
3.1 TITLE	VPD	<input checked="" 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	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	mike sforza	
5.3 STREET ADDRESS	1881 Narcissus Ave	
5.4 CITY-ST-ZIP	Big Pine Key FL 33043	
6.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Florence Boyle	
6.3 STREET ADDRESS	POB 420842	
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, with all other like empowered.

SIGNATURE: Sandra Gordon SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/30/99 Daytime Phone #: 305-872-4314

CR2E037 (11/98)