

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004241

1. Entity Name

EDEN PINES COLONY PROPERTY OWNERS ASSOCIATION, I

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90062 046 ****61.25

Principal Place of Business Mailing Address
 LORD OF THE SEAS PO BOX 430196
 KEY DEER BLVD BIG PINE KEY FL 33043-0196
 BIG PINE KEY FL 33043 US
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
65-0695029 Not Applicable

Zip Country Zip Country

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

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

7. Name and Address of New Registered Agent
 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	
TITLE	<input type="checkbox"/> Delete
NAME	MERKEL, HOWARD L.
STREET ADDRESS	2912 CEDAR DR.
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	<input type="checkbox"/> Delete
NAME	BLEICH, HOWARD
STREET ADDRESS	29287 CYPRESS DR
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	<input type="checkbox"/> Delete
NAME	CINTRON, MAE
STREET ADDRESS	29149 CEDAR DR
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	<input checked="" type="checkbox"/> Delete
NAME	GORDON, SANDRA
STREET ADDRESS	29140 MANGO LANE
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	<input type="checkbox"/> Delete
NAME	FORZA, MIKE S
STREET ADDRESS	1881 NARCISSUS AVE
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	<input type="checkbox"/> Delete
NAME	BOYLE, FLORENCE
STREET ADDRESS	P O BOX 420842
CITY-ST-ZIP	BIG PINE KEY FL 33043

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	1ST VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBARA DELEA
STREET ADDRESS	29121 IRONQUOIS
CITY-ST-ZIP	BIG PINE KEY FL 33043
TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: MAE CINTRON Date: 4/12/2000 Daytime Phone #: 305-819-0702

CR2E037 (9/99)