2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 04, 2004 8:00 am Secretary of State

DOCUMENT # N9600004241 1. Entity Name EDEN PINES COLONY PROPERTY OWNERS ASSOCIATION, INC.				02	2-04-2004 90069 (025 ****61.25
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			3 US	1 1011/101 000 10010 0	24007626	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01302004 Chg	g-NP CR2E03	37 (10/03)
City & State		City & State		4. FEI Number 65-0695029)	Applied For Not Applicable
Zip -	Country	Zip	Country	5. Certificate of Star	tus Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Addre	ess of New Registered /	Agent
HOWARD MEDICELL			Name JANISCH, RICHARD B			
HOWARD, MERKEL L 540 KEY DEER BLVD BIG PINE KEY, FL 33043			Street Addr	ress (P.O. Box Number is N	, , , - , , , , , , , , , , , , , , , ,	
BIG PINE KEY, FL 33043				9062 VI	OLET DI	RIVE
			CityBro	PINE KE	ν FL	Zip Code 33042
	named entity submits this statement for ions of registered agent.	r the purpose of changing its re	agistered office or reg	gistered agent, or both, in the	ne State of Florida. I am	familiar with, and accept
	Signature, typed or printed name of registered agent	and title if applicable, (NOTE: f	Registered Agent signature re	equired when reinstating)	DATE	
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be		k payable to treent of State
_ 10.	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees		tment of State
. 10. ITITLE NAME STREET ADDRESS CITY-SI-ZIP	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees	Florida Depar	RECTORS IN 10
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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:

SIGNATURE AND TYPED OA PRINTED NAME OF PIGNING OFFICER OR DIRECTOR