

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001675

FILED
Mar 29, 2009
Secretary of State

Entity Name: EDEN PARK ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1271 SYDNEY COURT
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1271 SYDNEY COURT
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILDER, CHARLES D
159 LOOKOUT PLACE
SUITE 101
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WILDER, CHARLES D
Address: 1271 SYDNEY CRT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: GRAY, MAUREEN
Address: 1267 SYDNEY CRT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD () Delete
Name: FOLK, SHEILA
Address: 1275 SYDNEY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D () Delete
Name: ALBERT, RIKA
Address: 1279 SYDNEY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD () Delete
Name: FREEMAN, LEE ANN
Address: 1283 SYDNEY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FOLK, SHEILA
Address: 1275 SYDNEY COURT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: PD (X) Change () Addition
Name: WILLIAM, GRAY
Address: 1267 SYDNEY CT
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES D. WILDER

TREA

03/29/2009

Electronic Signature of Signing Officer or Director

Date