

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005681

FILED
Apr 16, 2009
Secretary of State

Entity Name: EDEN ON THE BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

EDEN BAY DR
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC
4985 TAMiami TrL E
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-3612202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHWINN, CHRISTINA H ESQ.
1833 HENDRY
FT MYERS, FL 33901 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: PD () Delete
Name: FREES, ANN
Address: 410 EDEN BAY DRIVE
City-St-Zip: NAPLES, FL 34110

Title: VD () Delete
Name: GALLO, SUSAN
Address: 491 TULLAMORE LANE
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: LINCK, HENRY
Address: 320 STEERFORTH CT
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: HURGOI, DOINA
Address: 430 EDEN BAY DRIVE
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: URBANEK, LARRY
Address: EDEN BAY DRIVE
City-St-Zip: NAPLES, FL 34110

Title: DIR () Delete
Name: EBERWEIN, REGINA
Address: CHARTWELL PLACE
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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: ANN FREES

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date