

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 16, 2009  
Secretary of State**

DOCUMENT# N99000005681

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: 491TULLAMORE 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:

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

Title: ( ) Change ( ) Addition  
Name:  
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