

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005681

FILED  
Apr 07, 2011  
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  
Name: FREES, ANN  
Address: 410 EDEN BAY DRIVE  
City-St-Zip: NAPLES, FL 34110

Title: VD  
Name: GENOVESE, BRUCE  
Address: 381 MALLORY CT  
City-St-Zip: NAPLES, FL 34110

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

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

Title: D  
Name: BROUSSEAU, PETER  
Address: 417 CHARTWELL PLACE  
City-St-Zip: NAPLES, FL 34110

Title: D  
Name: EBERWEIN, REGINA  
Address: CHARTWELL PLACE  
City-St-Zip: NAPLES, FL 34110

I hereby 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 all other like empowered.

SIGNATURE: ANN FREES

PD

04/07/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date