

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12434

Entity Name: EDEN OWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**16281 PERDIDO KEY DRIVE
PENSACOLA, FL 32507**Current Mailing Address:**16281 PERDIDO KEY DRIVE
PENSACOLA, FL 32507**FEI Number:** 59-2635427**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**THOMAS, WALTER M
322 NORTH 61ST AVE
PENSACOLA, FL 32506 US*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:** WALTER M THOMAS

01/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name POST, RICHARD
Address 3226 LAKE VIEW
City-State-Zip: ALLEGAN MI 49010

Title TREASURER
Name TETTENHORST, LESTER
Address 26 WILLOW HILL ROAD
City-State-Zip: ST. LOUIS MO 63124

Title BROKER
Name HOFFMAN, CHARLES D
Address 4018 INDIGO DRIVE
City-State-Zip: PENSACOLA FL 32507

Title SECRETARY
Name ADAMS, APRIL
Address 2014 CORAL REEF ROAD
City-State-Zip: PENSACOLA FL 32506

Title VP
Name HUNT, GARY
Address 4900 STONEWALL RD
City-State-Zip: OPELIKA AL 36801

Title DIRECTOR
Name SCHROEDER, STANLEY
Address 13025 WINDING TRAIL
City-State-Zip: ST. LOUIS MO 63131

Title DIRECTOR
Name DEAN, JAMES
Address 519 OAK COURT
City-State-Zip: PANAMA CITY FL 32404

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: REBECCA JOYNER**BOOKKEEPER**

01/30/2019

Electronic Signature of Signing Officer/Director Detail

Date