

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12434

FILED
Jan 29, 2015
Secretary of State
CC0840719161

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: No

Name and Address of Current Registered Agent:

THOMAS, WALTER MGM
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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KEARLEY, EDITH
Address 19031 BEACONWOOD DR
City-State-Zip: BATON ROUGE LA 70817

Title VP
Name CASTO, JOHN
Address 429 CLUBHOUSE DRIVE
City-State-Zip: FAIRHOPE AL 35532

Title DIRECTOR
Name TORBETT, LINDSEY
Address 5615-L JACKSON ST
City-State-Zip: ALEXANDRIA LA 71303

Title DIRECTOR
Name PETERSON, HERSCHEL
Address 16281 PERDIDO KEY DRIVE
 EG00
City-State-Zip: PENSACOLA FL 32507

Title TREASURER
Name MOYLAN, CARLA
Address 111 BAUDOIN ST
City-State-Zip: LAFAYETTER LA 70503

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

Title SECRETARY
Name BOLLING, STEPHANIE
Address 1421 CACAO LANE
City-State-Zip: PENSACOLA FL 32507

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: STEPHANIE BOLLING

SECRETARY

01/29/2015

Electronic Signature of Signing Officer/Director Detail

Date