

2014 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:** 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	TURBOUGH, MICHAEL
Address	2919 CANTERBURY RD
City-State-Zip:	BIRMINGHAM AL 35223

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

Title	TREASURER
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	DIRECTOR
Name	MOYLAN, CARLA
Address	111 BAUDOUIN 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	SHELBY, DEBORAH
Address	564 BATTEN BLVD
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: DEBORAH SHELBY**SECRETARY****01/24/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date