

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000005681

**Entity Name:** EDEN ON THE BAY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

7345 DAVIS BLVD.  
SUITE 2  
NAPLES, FL 34104

**Current Mailing Address:**

C/O JOHN C JOANIDES CPA PA  
7345 DAVIS RD STE 2  
NAPLES, FL 34104

**FEI Number: 59-3612202**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOANIDES, JOHN C  
7345 DAVIS BLVD STE 2  
NAPLES, FL 34104 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 SD  
Name BEATTIE, PAT  
Address C/O JOHN C JOANIDES CPA PA  
7345 DAVIS RD STE 2  
City-State-Zip: NAPLES FL 34104

Title D  
Name MAUS, STEPHEN  
Address C/O JOHN C JOANIDES CPA PA  
7345 DAVIS RD STE 2  
City-State-Zip: NAPLES FL 34104

Title TD  
Name CARBONNEAU, PAUL  
Address C/O JOHN C JOANIDES CPA PA  
7345 DAVIS RD STE 2  
City-State-Zip: NAPLES FL 34104

Title D  
Name LINCK, HENRY  
Address C/O JOHN C JOANIDES CPA PA  
7345 DAVIS RD STE 2  
City-State-Zip: NAPLES FL 34104

Title PD  
Name DEFELICE, JOHN  
Address C/O JOHN C JOANIDES CPA PA  
7345 DAVIS RD STE 2  
City-State-Zip: NAPLES FL 34104

*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: JOHN DEFELICE**

**PRESIDENT**

**03/18/2020**

Electronic Signature of Signing Officer/Director Detail

Date