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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727022** (6)
1. Corporation Name
EDEN POINT SOUTH ASSOCIATION, INC.

Principal Place of Business Mailing Address
4000 NE 169TH STREET NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/24/1973** 3a. Date of Last Report **10/31/1994**
4. FEI Number **59-1572663** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
* **BLUM, CARL**
* **4000 N.E. 169TH ST.**
* **NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCOSSON, LINDA	12 NAME	
STREET ADDRESS	4000 NE 169 ST.	13 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	600001492376
NAME	KAPLAN, SYLVIA	22 NAME	-05/17/95--01175--015
STREET ADDRESS	4000 NE 169 ST.	23 STREET ADDRESS	***155.00 ***155.00
CITY - ST - ZIP	N. MIAMI BEACH FL	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECK, HEIKE	32 NAME	
STREET ADDRESS	4000 NE 169 ST.	33 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GELLMAN, EDWARD	42 NAME	
STREET ADDRESS	4000 NE 169 ST.	43 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	44 CITY - ST - ZIP	
TITLE	PD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISERT, RICHARD	52 NAME	
STREET ADDRESS	4000 NE 169 ST.	53 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI BEACH FL	54 CITY - ST - ZIP	
TITLE	SD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLENBERG, SYLVIA	62 NAME	2018
STREET ADDRESS	4000 NE 169 ST.	63 STREET ADDRESS	5-1-95
CITY - ST - ZIP	N. MIAMI BEACH FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Geisert, Pres. 5/9/95 305-949-4683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in 11 characters)