


FILE NOW: FILING FEE IS \$61.25

FILED  
Sep 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727022 (6)**

1. Corporation Name  
**EDEN POINT SOUTH ASSOCIATION, INC.**



Principal Place of Business <b>4000 NE 169TH STREET NORTH MIAMI BEACH FL 33160</b>	Mailing Address <b>4000 NE 169TH STREET NORTH MIAMI BEACH FL 33160-3287</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>07/24/1973</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>59-1572663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCOSSON, LINDA</b>	1.2 NAME	
STREET ADDRESS	<b>4000 NE 169 ST.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAPLAN, SYLVIA</b>	2.2 NAME	
STREET ADDRESS	<b>4000 NE 169 ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECK, HEIKE</b>	3.2 NAME	
STREET ADDRESS	<b>4000 NE 169 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELLMAN, EDWARD</b>	4.2 NAME	
STREET ADDRESS	<b>4000 NE 169 ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GEISERT, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>4000 NE 169 ST.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALLENBERG, SYLVIA</b>	6.2 NAME	
STREET ADDRESS	<b>4000 NE 169 ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 *Linda Marcossan* *6/15/97*

CR2E037 (9/96)