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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified  
 07/24/1973  
 4. FEI Number 59-1572663  
 Applied For Not Applicable

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

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. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  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 BLUM, NETTIE  
 82 Street Address (P.O. Box Number is Not Acceptable) 4000 NE 169TH ST.  
 83 NO. MIA. BCH, FL  
 84 City FL 85 Zip Code 33160

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 NETTIE BLUM PRES. Nettie Blum 3/24/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MARCOSSON, LINDA
STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, SYLVIA
STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BECK, HEIKE
STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	GELLMAN, EDWARD
STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GEISERT, RICHARD
STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KALLENBERG, SYLVIA
STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP	N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLUM, NETTIE
1.3 STREET ADDRESS	4000 NE 169TH ST. N.M.B FL 33160
1.4 CITY-ST-ZIP	
2.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KALLENBERG, SYLVIA
2.3 STREET ADDRESS	4000 NE 169TH ST. N.M.B FL 33160
2.4 CITY-ST-ZIP	
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ED CONDE
3.3 STREET ADDRESS	4000 NE 169TH ST. N.M.B FL 33160
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DAVID BERNSTEIN
4.3 STREET ADDRESS	4000 NE 169TH ST. N.M.B FL 33160
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BECK, ERIC
5.3 STREET ADDRESS	4000 NE 169TH ST. N.M.B FL 33160
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: SIGNATURE REQUIRED NETTIE BLUM PRES. 3/24/99 305447-2852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone 0031882  
Nettie Blum, PRES.

CR2F037 (10/97)