

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90060 048 ****61.25

DOCUMENT # **727022 NC NOT FILED**
1. Entity Name
**EDEN POINT SOUTH CONDOMINIUM
ASSOC, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4000 NE 169 ST
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NORTH MIAMI BEACH

City & State

4. FEI Number

Applied For
 Not Applicable

Zip
33160

Country
US

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BARBARA BLOY
Street Address (P.O. Box Number is Not Acceptable)

4000 NE 169 ST.
City
NORTH MIAMI BEACH FL Zip Code
33160

8. 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 **Barbara Bloy, President**
Signature, typed or printed name of registered agent. Add if applicable. (NOTE: Registered Agent signature required when ratifying)

4/30/02
DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Barbara Bloy, President
BARBARA BLOY
AS ABOVE (P)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LOUISE TRAVIS
LOUISE TRAVIS
AS ABOVE (T)

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
GARY LOUCAS, (V.P.)
AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CAMILLE GONZALEZ (S)
AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
LOUIS PEREZ (D)
AS ABOVE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
X

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE
9543162022 P.01/03

Barbara Bloy **4/30/02** **305/945-3051**
STEVEN FEIN, P.A. DATE DAYTIME PHONE #

APR-30-2002 13:21

CR2E037B (12/01)