


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90007 015 ****61.25

DOCUMENT # 727022					
1. Entity Name EDEN POINT SOUTH ASSOCIATION, INC.					
Principal Place of Business 4000 NE 169TH STREET NORTH MIAMI BEACH, FL 33160			Mailing Address 4000 NE 169TH STREET NORTH MIAMI BEACH, FL 33160		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLOY, BARBARA 4000 NE 169 ST NORTH MIAMI BEACH, FL 33160			- Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHLMAN, HANK		NAME		
STREET ADDRESS	4000 NE 169 ST.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DGOYKHMANN, LEV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUCAS, GARY		NAME		
STREET ADDRESS	4000 NE 169 ST.		STREET ADDRESS	4000 NE 169 ST NMB, FL 33160	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESJARDINS, HUGUETTE		NAME		
STREET ADDRESS	1000 NE 169 ST		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEPPER, JOEL		NAME		
STREET ADDRESS	4000 NE 169 ST.		STREET ADDRESS	TEPPER, JOEL	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	4000 NE 169 ST NMB, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZPATRICK, DEBORAH		NAME		
STREET ADDRESS	4000 NE 169 ST.		STREET ADDRESS	KEARLY, TYLER	
CITY-ST-ZIP	N MIAMI BEACH, FL 33160		CITY-ST-ZIP	4000 NE 169 ST NMB, FL 33160	
TITLE	O	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOY, BARBARA		NAME		
STREET ADDRESS	4000 NE 169 ST.		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP		
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Barbara Bloy</i> BARBARA BLOY			Date: 7/2/04		Daytime Phone #: 305/948-4967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					