


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



02022005 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 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

BLOY, BARBARA
4000 NE 169 ST
NORTH MIAMI BEACH, FL 33160

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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 Barbara Bloy, Officer DATE 2/2/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

UN0000223587
 02/15/05-80002-022 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD KUHLMAN, HANK 4000 NE 169 ST. N. MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GOYKHMANN, LEV 4000 NE 169 ST. N. MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DESJARDINS, HUGUETTE 1000 NE 169 ST N. MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD TEPPER, JOEL 4000 NE 169 ST. N. MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD KEARLY, TYLER 4000 NE 169 ST. N MIAMI BEACH, FL 33160 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | O BLOY, BARBARA 4000 NE 169 ST. N. MIAMI BEACH, FL 33160 |

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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: Barbara Bloy, Officer **BARBARA BLOY** DATE 2/2/05 DAYTIME PHONE # 305/948-4967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR