
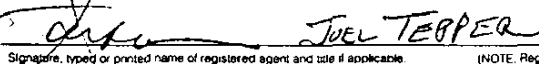



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90003 045 \*\*\*\*61.25

<b>DOCUMENT # 727022</b>					
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 - No P.O. Box #		3. Mailing Address		03012007 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> 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 <u>Joel Tepper</u> Street Address (P.O. Box Number is Not Acceptable) <u>4000 NE 169<sup>th</sup> ST #607</u> City <u>North Miami Beach</u> FL Zip Code <u>33160</u>		
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  <u>JOEL TEPPER</u>				DATE <u>2/28/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE: PD <input type="checkbox"/> Delete	NAME: KUHLMAN, HANK	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS: 4000 NE 169 ST.	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	NAME:			
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: GOYKHMEN, LEV	TITLE: Andy Sikorski <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS: 4000 NE 169 ST.	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	STREET ADDRESS: 4000 NE 169 ST # 301			
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: PINKEY, MICHAEL	TITLE: Vincent Huff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS: 4000 NE 169 ST	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	STREET ADDRESS: 4000 NE 169 ST # 401			
TITLE: VD <input type="checkbox"/> Delete	NAME: TEPPER, JOEL	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS: 4000 NE 169 ST.	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	STREET ADDRESS:			
TITLE: TD <input type="checkbox"/> Delete	NAME: KEARLY, TYLER	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS: 4000 NE 169 ST.	CITY-ST-ZIP: N MIAMI BEACH, FL 33160	STREET ADDRESS:			
TITLE: O <input checked="" type="checkbox"/> Delete	NAME: BLOY, BARBARA	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS: 4000 NE 169 ST.	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160	STREET ADDRESS:			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				Date <u>3-2-07</u> Daytime Phone # <u>305 335 8880</u>	