


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2003 8:00 am
Secretary of State

05-02-2003 90146 012 ****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 AS ABOVE		City & State AS ABOVE			
Zip		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For: <input checked="" type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent FERN, STEVEN A 900 SOUTH STATE ROAD 7 PLANTATION FL 33317		7. Name and Address of New 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Barbara Bloy</i>		DATE 4/22/03			
FILE NOW: FEE IS \$61.25		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	P	BLOY, BARBARA	<input checked="" type="checkbox"/> Delete	TITLE	P
NAME				NAME	PRESIDENT
STREET ADDRESS		4000 NE 169 ST.		STREET ADDRESS	HANK KUHLMAN
CITY-ST-ZIP		N. MIAMI BEACH FL 33160		CITY-ST-ZIP	4000 NE 169 ST. NMB, FL 33160
TITLE	VP	LOUCAS, GARY	<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS		4000 NE 169 ST.		STREET ADDRESS	
CITY-ST-ZIP		N. MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE	S	GONZALEZ, CAMILLE	<input checked="" type="checkbox"/> Delete	TITLE	S
NAME				NAME	HUGUETTE DESSARDINS
STREET ADDRESS		4000 NE 169 ST.		STREET ADDRESS	1000 NE 169 ST.
CITY-ST-ZIP		N. MIAMI BEACH FL 33160		CITY-ST-ZIP	NMB, FL 33160
TITLE	T	TEPPER, JOEL	<input type="checkbox"/> Delete	TITLE	
NAME				NAME	
STREET ADDRESS		4000 NE 169 ST.		STREET ADDRESS	
CITY-ST-ZIP		N. MIAMI BEACH FL 33160		CITY-ST-ZIP	
TITLE	D	PEREZ, LOUIS	<input checked="" type="checkbox"/> Delete	TITLE	D
NAME				NAME	DEBORAH FITZPATRICK
STREET ADDRESS		4000 NE 169 ST.		STREET ADDRESS	4000 NE 169 ST.
CITY-ST-ZIP		N MIAMI BEACH FL 33160		CITY-ST-ZIP	NMB, FL 33160
TITLE	SD	KALLENBERG, SYLVIA	<input checked="" type="checkbox"/> Delete	TITLE	OFFICER (NOT DIRECTOR)
NAME				NAME	BARBARA BLOY
STREET ADDRESS		4000 NE 169 ST.		STREET ADDRESS	4000 NE 169 ST
CITY-ST-ZIP		N. MIAMI BEACH FL 33160		CITY-ST-ZIP	NMB, FL 33160
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>		REQUIRED		DATE 4/22/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE	
				DAYTIME PHONE # 305/945-3051	

33046314



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)