

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:17

DOCUMENT # 727023 (4)

1. Corporation Name
EDEN POINT NORTH ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4000 N.E. 170 STREET NORTH MIAMI BEACH FL 33160 4000 N.E. 170 STREET NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified 07/24/1973 3a. Date of Last Report 04/15/1994
4. FEI Number 59-1679316 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
PROSKANER, ALFRED J.
4000 NE 170 ST #508
N MIAMI BEACH FL 33160

10. Name and Address of New Registered Agent
81 Name TODD S. WILSON
82 Street Address (P.O. Box Number is Not Acceptable)
83 4000 NE 170 ST #504
84 City MIAMI FL 85 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE *Todd S. Wilson* TODD S. WILSON 3/27/95
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	PROSKANER, ALFRED J.
STREET ADDRESS	4000 NE 170 ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	S
NAME	LEBOWITZ, AL
STREET ADDRESS	4000 NE 170TH ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	V
NAME	WILSON, TODD
STREET ADDRESS	4000 NE 170TH ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	T
NAME	BANDKLAYDER, ADELE
STREET ADDRESS	4000 NE 170TH ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	RIVARD, GISELLE
STREET ADDRESS	4000 NE 170TH ST.
CITY - ST - ZIP	N. MIAMI BEACH FL
TITLE	D
NAME	HEANZE, PHYLLIS
STREET ADDRESS	4000 NE 170TH ST.
CITY - ST - ZIP	N. MIAMI BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TODD S. WILSON #504	
1.3 STREET ADDRESS	4000 NE 170 ST #504	
1.4 CITY - ST - ZIP	MIAMI, FL 33160	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SARA WEISSMAN	
2.3 STREET ADDRESS	4000 NE 170 ST #403	
2.4 CITY - ST - ZIP	MIAMI, FL 33160	
3.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EDWARD CHAN	
3.3 STREET ADDRESS	4000 NE 170 ST #403	
3.4 CITY - ST - ZIP	MIAMI, FL 33160	
4.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ADELE BANDKLAYDER	
4.3 STREET ADDRESS	4000 NE 170 ST #408	
4.4 CITY - ST - ZIP	MIAMI, FL 33160	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GISELLE RIVARD	
5.3 STREET ADDRESS	4000 NE 170 ST #206	
5.4 CITY - ST - ZIP	MIAMI, FL 33160	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Todd S. Wilson*, TODD S. WILSON 2/3/95 305 471-6448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #