

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727023 (4)

1. Corporation Name

EDEN POINT NORTH ASSOCIATION, INC.



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

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1679316

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, TODD S.  
4000 NE 170TH ST  
#504  
MIAMI FL 33160

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE          | NAME               | STREET ADDRESS        | CITY-ST-ZIP       | <input type="checkbox"/> DELETE     |
|----------------|--------------------|-----------------------|-------------------|-------------------------------------|
| <del>Prc</del> | WILSON, TODD S.    | 4000 NE 170TH ST #504 | MIAMI FL          | <input type="checkbox"/>            |
| S              | LEBOWITZ, AL       | 4000 NE 170TH ST.     | N. MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| V              | WILSON, TODD       | 4000 NE 170TH ST.     | N. MIAMI BEACH FL | <input checked="" type="checkbox"/> |
| DT             | BANDKLAYDER, ADALE | 4000 NE 170TH ST #408 | MIAMI FL          | <input type="checkbox"/>            |
| D              | RIVARD, GISELLE    | 4000 NE 170TH ST #206 | MIAMI FL          | <input type="checkbox"/>            |
| D              | HEANZE, PHYLLIS    | 4000 NE 170TH ST.     | N. MIAMI BCH. FL  | <input checked="" type="checkbox"/> |

| 1.1 TITLE      | 2.1 NAME          | 3.1 STREET ADDRESS     | 4.1 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|----------------|-------------------|------------------------|-----------------|--|
| President      | Todd S. Wilson    | 4000 NE 170th St #504  | MIAMI, FL 33160 | <input checked="" type="checkbox"/>  |
| VICE President | Sara Weissman     | 4000 NE 170th St, #403 | MIAMI, FL 33160 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Secretary      | Edward Cohen      | 4000 NE 170th St, #403 | MIAMI, FL 33160 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| Treasurer      | Adale Bandklayder | 4000 NE 170th St #408  | MIAMI, FL       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|                |                   |                        |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                |                   |                        |                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
|                |                   |                        |                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                |                   |                        |                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 119.07(3)(k), 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*

1/24/96

305-471-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Todd S. Wilson, President Eden Point North

CR2E037 (12/95)