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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 727023 (4)
1. Corporation Name
EDEN POINT NORTH ASSOCIATION, INC.



Principal Place of Business: 4000 N.E. 170 STREET NORTH MIAMI BEACH FL 33160
Mailing Address: 4000 N.E. 170 STREET NORTH MIAMI BEACH FL 33160-3138

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

3. Date Incorporated or Qualified: 07/24/1973
3a. Date of Last Report: 01/31/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
WILSON, TODD S.
4000 NE 170TH ST #504
MIAMI FL 33160

10. Name and Address of New Registered Agent
81 Name: Stanley Kay
82 Street Address (P.O./Box Number is Not Acceptable): HOOD NE 170th ST
83 APT 404
84 City: No Miami Beach FL 85 Zip Code: 33160

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: Stanley Kay, President DATE: 1/29/97

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, TODD S.	
STREET ADDRESS	4000 NE 170TH ST #504	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WEISSMAN, SARA	
STREET ADDRESS	4000 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, EDWARD	
STREET ADDRESS	4000 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	BANDKLYDER, ADALE	
STREET ADDRESS	4000 NE 170TH ST #408	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIVARD, GISELLE	
STREET ADDRESS	4000 NE 170TH ST #206	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOGAN, RAY	
STREET ADDRESS	4000 NE 170TH ST.	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STANLEY KAY	
1.3 STREET ADDRESS	HOOD NE 170th St #404	
1.4 CITY-ST-ZIP	No Miami Beach, FL 33160	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Todd Wilson	
2.3 STREET ADDRESS	HOOD NE 170th St #504	
2.4 CITY-ST-ZIP	No Miami Beach, FL 33160	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Al Lebowitz	
3.3 STREET ADDRESS	HOOD NE 170th St #602	
3.4 CITY-ST-ZIP	No Miami Beach, FL 33160	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Milt Bandklyder	
4.3 STREET ADDRESS	HOOD NE 170th St #408	
4.4 CITY-ST-ZIP	No Miami Beach	
5.1 TITLE	SAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sara Weisman	
5.3 STREET ADDRESS	HOOD NE 170th St #403	
5.4 CITY-ST-ZIP	No Miami Beach, FL 33160	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Al Proskaner	
6.3 STREET ADDRESS	HOOD NE 170th St #508	
6.4 CITY-ST-ZIP	No Miami Beach FL 33160	

14. I do 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 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: Stanley Kay DATE: 1/29/97 305-940-8168
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0031564

CR2E037 (9/96)