

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90025 006 \*\*\*\*61.25

**DOCUMENT # 727023**

1. Entity 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

000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1679316**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STANLEY, KAY**  
 4000 NE 170TH ST  
 APT 404  
 NO. MIAMI BCH FL 33160

Name **YADLOVSKY, ROBERT**

Street Address (P.O. Box Number is Not Acceptable)  
**4000 NE 170 STREET**

**APT 505**

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.

**ROBERT B. YADLOVSKY, PRESIDENT**

SIGNATURE *Robert B. Yadlovsky*

**JAN 15, 2001**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STANLEY, KAY	
STREET ADDRESS	4000 NE 170TH ST #404	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WILSON, TODD	
STREET ADDRESS	4000 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LEOBOWITZ, AL	
STREET ADDRESS	4000 NE 170TH ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BANDKLYDER, MILTON	
STREET ADDRESS	4000 NE 170TH ST #408	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROMANO, JOAN	
STREET ADDRESS	4000 NE 170TH ST #403	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOGAN, RAY	
STREET ADDRESS	4000 NE 170TH ST.	
CITY-ST-ZIP	MIAMI FL	

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT B. YADLOVSKY	
STREET ADDRESS	4000 NE 170 ST #505	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY LOGAN	
STREET ADDRESS	4000 NE 170 STREET #305	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMANI ROBERTS	
STREET ADDRESS	4000 NE 170 STREET #605	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANITA MARTEN	
STREET ADDRESS	4000 NE 170 STREET #302	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN ROSEMAN	
STREET ADDRESS	4000 NE 170 STREET #303	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOUIS TOLL	
STREET ADDRESS	4000 NE 170 STREET #604	
CITY-ST-ZIP	NORTH MIAMI BEACH, 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)(i), 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:

*ROBERT B. YADLOVSKY*  
**ROBERT B. YADLOVSKY, PRESIDENT**

**JAN 15, 2001 (305) 947-4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)