


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90059 015 \*\*\*\*61.25

<b>DOCUMENT # 727023</b>			
1. Entity Name <b>EDEN POINT NORTH ASSOCIATION, INC.</b>			
Principal Place of Business <b>4000 N.E. 170 STREET NORTH MIAMI BEACH FL 33160</b>		Mailing Address <b>4000 N.E. 170 STREET NORTH MIAMI BEACH FL 33160</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number <b>59-1679316</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LOGAN, RAY</b> <b>4000 NE 170 ST.</b> <b>#305</b> <b>MIAMI FL 33160</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOGAN, RAY 4000 NE 170 ST. #105 N MIAMI FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETER CLARKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 NE 170 ST. #600 N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FULLMAN, TONY 4000 NE 170 ST. #504 NORTH MIAMI BEACH FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOAN ROMANO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 NE 170 ST. #400 N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNSIDE, PHILLIP <input checked="" type="checkbox"/> Delete 4000 NE 170 ST., #404 NORTH MIAMI BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATILDA LEVY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4000 NE 170 ST. #204 N. MIAMI BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ, RAMON <input checked="" type="checkbox"/> Delete 4000 NE 170 ST., #307 NORTH MIAMI BEACH FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROESMAN, MELVIN <input type="checkbox"/> Delete 4000 NE 170 ST #303 N MIAMI FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOAN ROMANO <input type="checkbox"/> Delete 400 NE 170 ST. #400 N. MIAMI BEACH, FL 33160	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Joan Romano   Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #