


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90292 050 ****61.25

DOCUMENT # 727023
 1. Entity Name
EDEN POINT NORTH ASSOCIATION, INC.



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

50050801



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1679316 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOGAN, RAY
4000 NE 170 ST.
#305
MIAMI FL 33160

7. Name and Address of New Registered Agent
 Name **ROBERT B. YADLOUKER**
 Street Address (P.O. Box Number is Not Acceptable)
4000 NE 170 ST
#1505
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ROBERT B. YADLOUKER, PRESIDENT** **Robert B. Yadlouker, President** **5/1/05**
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
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	CLARKE, PETER	<input type="checkbox"/> Delete
NAME		4000 NE 170 ST., #600	
STREET ADDRESS		N MIAMI FL 33160	
CITY-ST-ZIP			
TITLE	S	ROMANO, JOAN	<input checked="" type="checkbox"/> Delete
NAME		4000 NE 170 ST. #400	
STREET ADDRESS		NORTH MIAMI BEACH FL 33160	
CITY-ST-ZIP			
TITLE	D	LEVY, MATILDA	<input type="checkbox"/> Delete
NAME		4000 NE 170 ST. #204	
STREET ADDRESS		NORTH MIAMI BEACH FL 33160	
CITY-ST-ZIP			
TITLE	D	ROSEMAN, MELVIN	<input type="checkbox"/> Delete
NAME		4000 NE 170 ST #303	
STREET ADDRESS		N MIAMI FL 33160	
CITY-ST-ZIP			
TITLE	P	RAY LOGAN	<input checked="" type="checkbox"/> Delete
NAME		4000 NE 170 ST #305	
STREET ADDRESS		NORTH MIAMI BEACH, FL 33160	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		ROBERT B. YADLOUKER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4000 NE 170 ST #1505	
STREET ADDRESS		NORTH MIAMI BEACH, FL 33160	
CITY-ST-ZIP			
TITLE	V.P.	WILLIAM TONY FALLUCCI	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4000 NE 170 ST #1504	
STREET ADDRESS		NORTH MIAMI BEACH, FL 33160	
CITY-ST-ZIP			
TITLE	D	LARRY ABASCAL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4000 NE 170 ST, #1508	
STREET ADDRESS		NORTH MIAMI BEACH, FL 33160	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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. Yadlouker, Pres.** **ROBERT B. YADLOUKER** **5/1/05** **305 947-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #