


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90009 019 \*\*\*\*61.25

<b>DOCUMENT # 727023</b>					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1679316	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
YAGLOUKER, ZABERTA 4000 NE 170 ST. #1505 MIAMI, FL 33160				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				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)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, PETER		NAME	RAY LOGAN	
STREET ADDRESS	4000 NE 170 ST., #600		STREET ADDRESS	4000 NE 170 ST # 305	
CITY-ST-ZIP	N MIAMI, FL 33160		CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YADLOUKER, ROBERT B		NAME	GARY LOUCAS	
STREET ADDRESS	4000 NE 17057, #505		STREET ADDRESS	4000 NE 170 ST #105	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOGAN, RAY		NAME	WILLIAM FULLMAN	
STREET ADDRESS	4000 NE 120 ST #305		STREET ADDRESS	4000 NE 170 ST # 504	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISERT, RICHARD		NAME		
STREET ADDRESS	4000 NE 170 ST #502		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, DIANA		NAME		
STREET ADDRESS	4000 NE 170 ST 306		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEMAN, MELVIN		NAME		
STREET ADDRESS	4000 NE 170 ST #303		STREET ADDRESS		
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Diana Castillo</i> President		Date: 2/28/08		Daytime Phone #: 305-949-9123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					