727023

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJE	ECT: <u>Eden Point North Assocation, In</u> (Name of Corpo	C pration)		
DOCU	MENT NUMBER: 727023			
The en	closed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to	the following:		

	Robert Yac	dlovker		
	(Name of Contac	t Person)		
	Eden Point North A	Association, Inc.		
	(Firm/Comp	any)		
	4000 NE 170 (Address			
	(1144,000	,		
	Alasth Miami Da	och El 22160		
North Miami Beach, FL 33160 (City/State and Zip Code)				
For fur	ther information concerning this matter, please call:			
	Robert Yadlovker a (Name of Contact Person)	at (305) 949-4900 (Area Code & Daytime Telephone Number)		
Enclos	ed is a \$35.00 check made payable to the Departmen	nt of State.		
	Mailing Address: Amendment Section	Street Address: Amendment Section		
	Division of Corporations	Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
	rananassee, PL 32314	Tallahassee, FL 32301		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of <u>F</u> For to change its registered office or registered agent, or both, in the State of Fl	lorida	
1. The name of	the corporation: Eden Point North Association, Inc.		
2. The principal	office address: 4000 NE 170th Street		
North Mia	ımi Beach, FL 33160		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 7/24/1973 Document number: 727023		
	nd street address of the current registered agent and registered office on file wit artment of State: (If resigned, enter resigned)	h the	
	Zaberta Yaglouker	_	
	4000 NE 170th Street #1505	~	
	North Miami Beach, FL 33160	DIB FI	77
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered offi	$\sigma_{m} \circ \sigma$	FF
	Straley & Otto, P.A.	- ES	(
	2699 Stirling Road Ste C-207 (P.O. Box NOT acceptable)	AM 10: 29 SEE. FLORIDA	
	Hollywood-Ft.Lauderdale, FL 33312	- -	
The street addr	ress of its registered office and the street address of the business office of it Il be identical.	s registered agent,	
Such change wathorized by t	was authorized by resolution duly adopted by its board of directors or by an the board, or the corporation has been notified in writing of the change.	officer so	
KEGT (Signal	Robert Yadlov (Printed or typed name and t	ker	
I hereby accept I further agree of my duties, a document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and con and I am familiar with and accept the obligation of my position as registered in gilled merely to reflect a change in the registered office address, I herebas been oblified in writing of this change.	aplete performance d agent. Or, if this by confirm that the	
	Signature of Registered Agent) (Date)		
It signing on b	behalf of an entity:		
	Stephen J. Straley (Typed or Printed Name)		
' //	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)