

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **769261** (9)
1. Corporation Name
EDEN PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: ~~THE RENNER COMPANY~~
3450 NORTHLAKE BLVD., SUITE 209
PALM BEACH GARDENS FL 33403
US

Mailing Address: ~~THE RENNER COMPANY~~
3450 NORTHLAKE BLVD., SUITE 209
PALM BEACH GARDENS FL 33403
US

3. Date Incorporated or Qualified: **07/07/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. Executive Center Dr.
22. Suite, Apt. #, etc.
23. West Palm Beach, FL
24. 33401
25. USA
26. Claudette Post/Pres.
27. Suite, Apt. #, etc. #0-207
28. West Palm Beach, Florida
29. 33401
30. USA

4. FEI Number: **59-2529388**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
~~RENNER, SHERRI~~
~~3450 NORTHLAKE BLVD.~~
~~SUITE 209~~
~~PALM BEACH GARDENS FL 33403~~

10. Name and Address of New Registered Agent
81. Name: Assoc. Property Maint
82. Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Hwy, #10
83. City: West Palm Beach, FL
84. City: FL
85. Zip Code: 33401

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **3/6/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RENFORD, DOUGLAS	
STREET ADDRESS	637 EXECUTIVE CENTER DRIVE, N105	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	POST, CLAUDETE	
STREET ADDRESS	639 EXE CTR DR #0-207	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FRECHETTE, WAYNE	
STREET ADDRESS	647 EXECUTIVE CENTER DRIVE S-103	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOLTING, PETER	
STREET ADDRESS	645 EXECUTIVE CENTER DRIVE, R204	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BLANDI, JOHN T	
STREET ADDRESS	635 EXECUTIVE CENTER DRIVE #208	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kent Hoyt	
3.3 STREET ADDRESS	641 Executive Center Drive, P-207	
3.4 CITY-ST-ZIP	W-PB, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Leslie Ashmud	
4.3 STREET ADDRESS	637 Executive Center Drive, N-104	
4.4 CITY-ST-ZIP	W-PB, FL	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/6/96**

CR2E037 (12/95)