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02-24-1999 90182 024 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769261

1. Corporation Name

EDEN PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

707 OSOUTH CHILLINGWORTH #14
 WEST PALM BEACH FL 33409
 US

Mailing Address

P.O. BOX 7184
 WEST PALM BEACH FL 33405
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/07/1983

22 City & State

27 City & State

4. FEI Number
 59-2529388

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATTI LADWIG, ATTORNEY
1645 PALM BEACH LAKES BOULEVARD
SUITE #640
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
 NAME MUSSELWHITE, EDWIN B
 STREET ADDRESS 639 EXECUTIVE CNTR. DR. #205
 CITY-ST-ZIP WEST PALM BEACH FL 33401

1.1 TITLE PD Change Addition
 1.2 NAME Hoyt, Ken
 1.3 STREET ADDRESS P.O. Box 21471
 1.4 CITY-ST-ZIP West Palm Beach, Fl. 33416

TITLE SD DELETE
 NAME BABCOCK, KAREN K
 STREET ADDRESS 647 EXECUTIVE CENTER DRIVE #202
 CITY-ST-ZIP WEST PALM BEACH FL 33401

2.1 TITLE SA Change Addition
 2.2 NAME Babcock, Karen
 2.3 STREET ADDRESS 647 Executive Center Drive #202
 2.4 CITY-ST-ZIP West Palm Beach, Fl. 33401

TITLE TD DELETE
 NAME LOEHNDORF, GEORGE
 STREET ADDRESS 641 EXECUTIVE CENTER DRIVE #P102
 CITY-ST-ZIP WEST PALM BEACH FL 33402

3.1 TITLE TB Change Addition
 3.2 NAME Douglas, Renford
 3.3 STREET ADDRESS 637 Executive Center Dr #N105
 3.4 CITY-ST-ZIP West Palm Beach, Fl. 33401

TITLE ATD DELETE
 NAME KNAPP, LORI
 STREET ADDRESS 8902 NORTH MILITARY TRAIL #217
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

4.1 TITLE ATD Change Addition
 4.2 NAME Knapp Lori
 4.3 STREET ADDRESS 1128 Royal Palm Bch. Blvd. # 33/
 4.4 CITY-ST-ZIP Royal Palm Beach, Fl. 33411

TITLE D DELETE
 NAME LANGSTON, FRED A
 STREET ADDRESS 647 EXECUTIVE CENTER DRIVE #S101
 CITY-ST-ZIP WEST PALM BEACH FL 33402

5.1 TITLE ATD Change Addition
 5.2 NAME Langston, Freda
 5.3 STREET ADDRESS 647 Executive Center Drive #S101
 5.4 CITY-ST-ZIP West Palm Beach, Fl. 33402

TITLE D DELETE
 NAME HOYT, KEN
 STREET ADDRESS 641 EXECUTIVE CENTER DRIVE #P207
 CITY-ST-ZIP WEST PALM BEACH FL 33402

6.1 TITLE ATD Change Addition
 6.2 NAME CHAPMAN, Patricia
 6.3 STREET ADDRESS 38 BARBERTON RD.
 6.4 CITY-ST-ZIP LAKE WORTH, FL. 33467-3806

14. 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 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, with all other like empowered.

SIGNATURE:

K. SIGNATURE PRESIDENT 1/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)