

DOCUMENT # 769261

1. Entity Name

EDEN PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90088 019 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 707 OSOUTH CHILLINGWORTH #14 WEST PALM BEACH FL 33409 US	Mailing Address P.O. BOX 7184 WEST PALM BEACH FL 33405-7184 US
---	---

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

City & State	City & State	4. FEI Number 59-2529388	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

~~PATTI LADWIG, ATTORNEY~~
~~1645 PALM BEACH LAKES BOULEVARD~~
~~SUITE #840~~
~~WEST PALM BEACH FL 33401~~

EDEN PLACE CONDOMINIUM ASSOC., INC.
P.O. BOX 17474

7. Name and Address of New Registered Agent

Name: *EDEN PLACE CONDOMINIUM ASSOC., INC.*

Street Address (P.O. Box Number is Not Acceptable): *647 EXECUTIVE CENTER DR. S-202*

City: *WEST PALM BEACH, FL* Zip Code: *33401*

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.

SIGNATURE: *Karen Babcock - President Eden Place Condominium Assoc., Inc.* DATE: *4/26/00*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	--	------------------------------------	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD HUNT, KEN P.O. BOX 21471 WEST PALM BEACH FL 33416	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RD PD BABCOCK, KAREN K 647 EXECUTIVE CENTER DRIVE #202 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DOUGLAS, RENE FORD 637 EXECUTIVE CNTR DR #N105 WEST PALM BEACH FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD KNAPP, LORI 8902 NORTH MILITARY TRAIL #217 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGSTON, FRED A 647 EXECUTIVE CENTER DRIVE #S101 WEST PALM BEACH FL 33402	<input type="checkbox"/> Change <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD T CHAMPMAN, PATRICIA 38 BARBERTON RD LAKE WORTH FL 33467-3806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> KAREN BABCOCK 647 EXECUTIVE CENTER DR. S-202 WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TREASURER</i> CHAPMAN, PATRICIA 38 BARBERTON Rd. LAKE WORTH, FL 33467-3806	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> KIM YOUNG 641 EXECUTIVE CENTER DR. P-205 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> KEN HOYT P.O. Box 21471 West Palm Beach, FL 33416	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DIRECTOR</i> FRED A LANGSTON 647 EXECUTIVE CENTER DR. S-101 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Karen Babcock* DATE: *4/26/00* (6D) 471-1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *PRESIDENT - EDEN PLACE CONDOMINIUM ASSOC., INC.*

CR2E037 (9/99)