

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 23, 2001 8:00 am
Secretary of State

04-27-2001 90392 035 *****70.00

DOCUMENT # 769261

1. Entity Name

EDEN PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~701 SOUTH CHILLINGWORTH #14
 WEST PALM BEACH FL 33409
 466~~

**R.O. BOX 2104-17474
 WEST PALM BEACH FL 33416
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2529388

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**PATTI LADWIG, ATTORNEY
 1645 PALM BEACH LAKES BOULEVARD
 SUITE #640
 WEST PALM BEACH FL 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 K. Babcock

4/7/01

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

(NOTE: Registered Agent signature required when releasing)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HUNT, KEN Delete
 STREET ADDRESS P.O. BOX 21471
 CITY-ST-ZIP WEST PALM BEACH FL 33416

TITLE Change Addition
 NAME **PD BABCOCK, KAREN K.**
 STREET ADDRESS **647 EXECUTIVE CENTER DR. 3202**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

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

TITLE Change Addition
 NAME **SD Kimberly Young**
 STREET ADDRESS **641 EXECUTIVE CENTER DR. P205**
 CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE TD Delete
 NAME DOUGLAS, RENFORD
 STREET ADDRESS 637 EXERITIVE CNTR DR #N105
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE Change Addition
 NAME **PD Patricia Chapman**
 STREET ADDRESS **38 BARBERTON RD.**
 CITY-ST-ZIP **LAKE WORTH, FL 33467-3806**

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

TITLE Change Addition
 NAME **D KEN HOYT**
 STREET ADDRESS **P.O. Box 21471**
 CITY-ST-ZIP **WEST PALM BEACH FL 33416**

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

TITLE Change Addition
 NAME **D FRADA LANGSTON**
 STREET ADDRESS **647 EXECUTIVE CENTER DR. 9101**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE ATD Delete
 NAME CHAMPMAN, PATRICIA
 STREET ADDRESS 38 BARBERTON RD
 CITY-ST-ZIP LAKE WORTH FL 33487-3806

TITLE Change Addition
 NAME **4688 55th St So**
 STREET ADDRESS **LAKE WORTH FL 33463**

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 817, 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:

SIGNATURE REQUIRED

Karen K. Babcock **5/15/01 (561) 471-1431**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)