

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

0033746

02-05-2002 90029 035 *****61.25

DOCUMENT # 769261

1. Entity Name

EDEN PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~707 SOUTH CHILLINGWORTH #14~~
~~WEST PALM BEACH FL 33409~~
~~US~~

P.O. BOX 17474
 WEST PALM BEACH FL 33416
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

641 EXECUTIVE CNTR DR

Suite, Apt. #, etc.
P205

City & State
WEST PALM BEACH, FL

Zip
33401

Country

Zip

Country

4. FEI Number

59-2529388

Applied For

Not Applicable

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

PATTI LADWIG, ATTORNEY
~~1045 PALM BEACH LAKES BOULEVARD~~
~~SUITE #540~~
~~WEST PALM BEACH FL 33401~~

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

12765 W. Forest Hill Blvd # 1312
 City **Wellington** FL Zip Code **33414**

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

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	<input type="checkbox"/> Delete
NAME	BABCOCK, KAREN K	
STREET ADDRESS	647 EXECUTIVE CENTER DR 3202	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	YOUNG, KIMBERLY	
STREET ADDRESS	641 EXECUTIVE CENTER DR P205	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CHAPMAN, PATRICIA	
STREET ADDRESS	38 BARBERTON RD	
CITY-ST-ZIP	LAKE WORTH FL 33487-3806	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOYT, KEN	
STREET ADDRESS	PO BOX 21471	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGSTON, FRED A	
STREET ADDRESS	4688 56TH ST SO	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	CHAMPMAN, PATRICIA	
STREET ADDRESS	38 BARBERTON RD	
CITY-ST-ZIP	LAKE WORTH FL 33487-3806	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Kimberly Young* 1/14/01 561 471 1431

CR2E037 (9/01)