

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90385 022 \*\*\*\*61.25

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DOCUMENT # 769261			
1. Entity Name EDEN PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4688 55TH ST S LAKE WORTH, FL 33463 US		Mailing Address <del>P.O. BOX 17474</del> <del>WEST PALM BEACH, FL 33416</del> US <del>1537 N.W. 2</del>	
2. Principal Place of Business		3. Mailing Address C/O Complete Prop Mgmt, Inc. Suite, Apt. #, etc. 4239 Northlake Blvd, Ste D, City & State Palm Beach Gardens, FL	
Suite, Apt. #, etc.		03252004 Chg-NP CR2E037 (10/03)	
City & State		4. FEI Number 59-2529388	
Zip		Applied For Not Applicable	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		33410 USA	
Country		USA	
6. Name and Address of Current Registered Agent PATTI LADWIG, ATTORNEY 12765 W FOREST HILL BLVD #1312 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYT, KEN	NAME	
STREET ADDRESS	PO BOX 21471	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGSTON, FRED A	NAME	
STREET ADDRESS	4688 55TH ST S	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 33416 LAKE WORTH, FL	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, PATRICIA	NAME	
STREET ADDRESS	38 BARBERTON RD	STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 334673806	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, WILLIAM	NAME	
STREET ADDRESS	PO BOX 15284	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33416	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:		4/15/04 620-2778	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	