
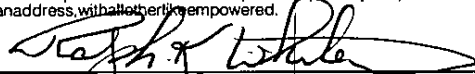


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90348 043 ****61.25

DOCUMENT# 769261			
1. Entity Name EDEN PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 4688 55TH ST S LAKEWORTH, FL 33463 US		Mailing Address <i>40 COMPLETE PROPERTY MANAGEMENT, INC. 50040608</i> C/O CORPORATE PROP. MGMT., INC. 4239 NORTHLAKE BLVD., STED PALMBEACH GARDENS, FL 33410 US	
2. Principal Place of Business <i>Eden Place Condo</i> Suite, Apt. #, etc. <i>635 Executive Center Dr.</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>West Palm Beach, FL</i>		City & State	
Zip <i>33401</i>		Country	
6. Name and Address of Current Registered Agent PATRICK LADWIG, ATTORNEY 12765 W FOREST HILL BLVD #1312 WELLINGTON, FL 33414		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>COMPLETE PROPERTY MANAGEMENT, INC.</i> <i>4239 NORTHLAKE BLVD., STE. D.</i> City <i>PALM BEACH GARDENS, FL</i> FL Zip Code <i>33410</i>	
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 Signature, typed or printed name of registered agent, if applicable.		DATE (NOTE: Registered Agent signature required when installing)	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HOYT, KEN PO BOX 21471 WEST PALM BEACH, FL 33416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGSTON, FREDA 4688 55TH ST S LAKEWORTH, FL 33416 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHAPMAN, PATRICIA 38 BARBERTON RD LAKE WORTH, FL 334673806 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, WILLIAM PO BOX 15284 WEST PALM BEACH, FL 33416 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D/S</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <i>D/T</i> <i>WHITEMAN, RALPH</i> <i>637 EXECUTIVE CENTER #1104</i> <i>WEST PALM BEACH, FL 33401</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 information empowered.			
SIGNATURE: <i>X</i> 		Date: <i>4/17/05</i> Daytime Phone #: <i>561-683-7239</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			