


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90217 046 \*\*\*\*61.25

**DOCUMENT # 769261**  
 1. Entity Name    
**EDEN PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**EDER PLACE CONO** **C/O COMPLETE PROPERTY MANAGEMENT, INC**  
**635 EXECUTIVE CENTER DR** **4239 NORTH LAKE BLVD., STE-D**  
**WEST PALM BEACH FL 33401** **PALM BEACH GARDENS FL 33410**  
**US** **US**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 City & State City & State  
**3307 Northlake Blvd.**  
**SUITE 107**

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2529388 Applied For Not Applicable  
 Certificate of Status Desired  \$8.75 Additional Fee Required  
 Zip Country Zip Country  
**33403 P. Beach USA**

6. Name and Address of Current Registered Agent  
**COMPLETE PROPERTY MANAGEMENT, INC**  
**4239 NORTH LAKE BLVD**  
**STE-D**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**3307 Northlake Blvd, SUITE 107**  
**Palm Bch Gardens FL Zip Code 33403**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOYT, KEN	
STREET ADDRESS	PO BOX 21471	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE	DT	<input type="checkbox"/> Delete
NAME	WHITEMAN, RALPH	
STREET ADDRESS	637 EXECUTIVE CENTER, # N104	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, PATRICIA	
STREET ADDRESS	38 BARBERTON RD	
CITY-ST-ZIP	LAKE WORTH FL 33467-3806	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIVERA, WILLIAM	
STREET ADDRESS	PO BOX 15284	
CITY-ST-ZIP	WEST PALM BEACH FL 33416	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty BRANNock	
STREET ADDRESS	643 Executive Center Dr.	
CITY-ST-ZIP	#0203 West Palm Bch, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 exemptions contained in Section 119, 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 an officer empowered.

SIGNATURE: *Ralph Whiteman*

4/24/06 Sol-626-2778