



**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90028 050 \*\*\*\*61.25

DOCUMENT # 769261			
1. Entity Name EDEN PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business EDEN PLACE CONDO <del>EDEN</del> 635 EXECUTIVE CENTER DR WEST PALM BEACH, FL 33401 US		Mailing Address 3307 NORTH LAKE BLVD STE 107 WEST PALM BEACH, FL 33403 US	
2. Principal Place of Business - No P.O. Box # EDEN PLACE CONDO		3. Mailing Address Complete Prop. Mgmt. 3307 Northlake Blvd, #107	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palm Beach Gardens, FLA	
Zip	Country	Zip	Country
		33403	USA
4. FEI Number 59-2529388		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COMPLETE PROPERTY MANAGEMENT, INC 3307 NORTH LAKE BLVD STE 107 WEST PALM BEACH, FL 33403		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		FL	
Zip Code		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, 2007		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 checked="" 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	<del>DT</del> <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMAN, RALPH	NAME	
STREET ADDRESS	637 EXECUTIVE CENTER, # N104	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	D/Secretary <input checked="" 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	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANNOCK, BETTY	NAME	
STREET ADDRESS	643 EXE CTR DR	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	D/IT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	LEANN DENOER
STREET ADDRESS		STREET ADDRESS	647 EXECUTIVE CENTER DR. # S201
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	<input type="checkbox"/> Delete	TITLE	D/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	CATHY CALOGERO
STREET ADDRESS		STREET ADDRESS	633 EXEC. CTR. DR. L-204
CITY-ST-ZIP		CITY-ST-ZIP	WEST PALM BEACH, FL 33401
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 all other like empowered.			
SIGNATURE: 		Date: 4-3-07 Daytime Phone #: 561-234-9631	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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