

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769261

FILED
Mar 23, 2009
Secretary of State

Entity Name: EDEN PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326 US

New Principal Place of Business:

Current Mailing Address:

C/O CENTURY MANAGEMENT SERVICES, INC.
1495 NORTHPARK DRIVE
WESTON, FL 33326 US

New Mailing Address:

FEI Number: 59-2529388 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER, PA.
150 SOUTH PINE ISLAND ROAD
SUITE #540
PLANTATION, FL 3324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENDER, LEEANN
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: SD (X) Delete
Name: WHITEMAN, RALPH
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: RIVERA, WILLIAM
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: CALOGERO, CATHY
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: SIMON, KATHY
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SDTD (X) Change () Addition
Name: RIVERA, WILLIAM
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: VD (X) Change () Addition
Name: CALOGERO, CATHY
Address: 1495 NORTHPARK DRIVE
City-St-Zip: WESTON, FL 33326

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEEANN PENDER

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date