


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

FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90415 004 ****61.25

DOCUMENT # N05000000416

1. Entity Name
EDEN OF BOCA RATON CONDOMINIUM NO. TWO ASSOCIATION, INC.



Principal Place of Business Mailing Address
250 S. AUSTRALIAN AVE., SUITE 1003 **250 S. AUSTRALIAN AVE., SUITE 1003**
W. PALM BCH FL 33401 **W. PALM BCH FL 33401**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **20-2160516** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SCHIESINGER, ADAM
250 S. AUSTRALIAN AVE., SUITE 1003
W. PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

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	SCHLESINGER, ADAM	
STREET ADDRESS	250 S. AUSTRALIAN AVE., SUITE 1003	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHLESINGER, RICHARD	
STREET ADDRESS	250 S. AUSTRALIAN AVE., SUITE 1003	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHLESINGER, LESLIE	
STREET ADDRESS	250 S. AUSTRALIAN AVE., SUITE 1003	
CITY-ST-ZIP	W. PALM BCH FL 33401	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 file 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 my address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00010000



1st MOORE CR2E037 (10/05)