


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90265 007 \*\*\*\*61.25

**DOCUMENT # N05000000416**

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



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

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

**40097844**



2. Principal Place of Business - No P.O. Box #  
*1801 S. Australian Ave*

3. Mailing Address  
*1801 S. Australian Ave*

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

04142008 Chg-NP CR2E037 (12/06)

City & State  
*West Palm Beach FL*

City & State  
*West Palm Beach FL*

Zip  
*33409* Country

Zip  
*33409* 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)  
*1801 S Australian Ave*

City  
*West Palm Beach* **FL** Zip Code  
*33409*

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD SCHLESINGER, ADAM 250 S. AUSTRALIAN AVE., SUITE 1003 W. PALM BCH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHLESINGER, RICHARD 250 S. AUSTRALIAN AVE., SUITE 1003 W. PALM BCH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHLESINGER, LESLIE 250 S. AUSTRALIAN AVE., SUITE 1003 W. PALM BCH, FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1801 South Australian Ave</i> <i>West Palm Beach FL 33409</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1801 South Australian Ave</i> <i>West Palm Beach FL 33409</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #