

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-05-2008 90265 006 ****61.25

DOCUMENT # N05000000426

1. Entity Name
EDEN OF BOCA RATON HOMEOWNERS' 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

2. Principal Place of Business - No P.O. Box #
1801 S. Australian Ave
Suite, Apt. #, etc.

3. Mailing Address
1801 S. Australian Ave
Suite, Apt. #, etc.

40031090



04142008 Chg-NP CR2E037 (12/06)

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number
20-2160400

Applied For
Not Applicable

Zip
33409

Country

Zip
33409

Country

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

6. Name and Address of Current Registered Agent

SCHLESINGER, 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

Signature, typed or printed name of registered agent and title if applicable.

(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 PD ☐ Delete
NAME SCHLESINGER, ADAM
STREET ADDRESS 250 S. AUSTRALIAN AVE., SUITE 1003
CITY-ST-ZIP W. PALM BCH, FL 33401

TITLE VD ☐ Delete
NAME SCHLESINGER, RICHARD
STREET ADDRESS 250 S. AUSTRALIAN AVE., SUITE 1003
CITY-ST-ZIP W. PALM BCH, FL 33401

TITLE STD ☐ Delete
NAME SCHLESINGER, LESLIE
STREET ADDRESS 250 S. AUSTRALIAN AVE., SUITE 1003
CITY-ST-ZIP W. PALM BCH, FL 33401

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1801 S. Australian Ave*
CITY-ST-ZIP *West Palm Beach FL 33409*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *1801 S. Australian Ave*
CITY-ST-ZIP *West Palm Beach FL 33409*

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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #