

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727022

**Entity Name:** EDEN POINT SOUTH ASSOCIATION, INC.

**FILED**  
**Mar 13, 2021**  
**Secretary of State**  
**1301801596CC**

**Current Principal Place of Business:**

4000 NE 169TH STREET  
CONDOMINIUM OFFICE  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

4000 NE 169TH STREET  
CONDOMINIUM OFFICE  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 59-1572663**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NEW WAVE ACCOUNTING AND MANAGEMENT  
1770 SANS SOUCI BLVD  
4  
NORTH MIAMI, FL 33181 US

*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: MARGARITA GRU**

**03/13/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PROCACCIO, DORIS  
Address        4000 NE 169TH STREET  
                  603  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            TREASURER  
Name            JACKSON, ROSITA  
Address        4000 NE 169TH STREET  
                  307  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            VP, SECRETARY  
Name            GAY, SEDA  
Address        4000 NE 169TH STREET  
                  406  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            DIRECTOR  
Name            WILLBORN, PEYTYN D  
Address        4000 NE 169TH STREET  
                  401  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            DIRECTOR  
Name            JARAMILLO, PATRICIA D  
Address        4000 NE 169TH STREET  
                  402  
City-State-Zip: NORTH MIAMI BEACH FL 33160

*I hereby 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 all other like empowered.*

**SIGNATURE: DORIS PROCACCIO**

**PRESIDENT**

**03/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date