

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 727022

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

**FILED**  
**May 19, 2017**  
**Secretary of State**  
**CC0727418355**

**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:**

RUBIO, HUMBERTO  
8950 SW 74TH COURT  
STE. 1804  
MIAMI, FL 33156 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: HUMBERTO RUBIO**

**05/19/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GONZALEZ, CAMILLE  
Address        4000 NE 169TH STREET  
                  CONDOMINIUM OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

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

Title            BOARD MEMBER  
Name            RICHARD , SPRINCE  
Address        4000 NE 169 STREET  
                  203  
City-State-Zip: NORTH MIAMI BCH FL 33160

Title            VP  
Name            HERNANDEZ, ALEX  
Address        4000 NE 169TH STREET  
                  CONDOMINIUM OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            BOARD MEMBER  
Name            ALON, OAMI  
Address        4000 NE 169TH STREET  
                  CONDOMINIUM OFFICE  
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: GONZALEZ , CAMILLE**

**PRESIDENT**

**05/19/2017**

Electronic Signature of Signing Officer/Director Detail

Date