

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727023

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC6795355680**

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

**Current Principal Place of Business:**

4000 N.E. 170 STREET  
OFFICE  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

4000 N.E. 170 STREET  
OFFICE  
NORTH MIAMI BEACH, FL 33160 US

**FEI Number: 59-1679316**

**Certificate of Status Desired: No**

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

STRALEY & OTTO, P.A.  
2699 STIRLING ROAD  
SUITE C-207  
HOLLYWOOD-FORT LAUDERDALE, FL 33312 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            DOTORATOS, STEPHEN  
Address        4000 N.E. 170 STREET  
                  OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            VP, DIRECTOR  
Name            BUHOLZER, ISIDOR  
Address        4000 N.E. 170 STREET  
                  OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            TREASURER, DIRECTOR  
Name            BECKER, GARY  
Address        4000 N.E. 170 STREET  
                  OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            SECRETARY, DIRECTOR  
Name            BROWN, ESTHER  
Address        4000 N.E. 170 STREET  
                  OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            DIRECTOR  
Name            MASSON, MAYDELIN  
Address        4000 N.E. 170 STREET  
                  OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            DIRECTOR  
Name            WEBB, JUDY  
Address        4000 N.E. 170 STREET  
                  OFFICE  
City-State-Zip: NORTH MIAMI BEACH FL 33160

Title            DIRECTOR  
Name            FLOYD, LAURA  
Address        4000 N.E. 170 STREET  
                  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: STEPHEN DOTORATOS**

**PRESIDENT**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date