## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727023** 

Entity Name: EDEN POINT NORTH ASSOCIATION, INC.

**FILED** Mar 20, 2024 **Secretary of State** 5022878630CC

## **Current Principal Place of Business:**

4000 N.E. 170 STREET

OFFICE

NORTH MIAMI BEACH, FL 33160

## **Current Mailing Address:**

PO BOX 126848

HIALEAH, FL 33012 US

FEI Number: 59-1679316 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

HIALEAH FL 33012

MARTINEZ, BALDY P.A 1999 SW 27TH AVE 1ST FLOOR MIAMI, FL 33145 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: BALDY MARTINEZ 03/20/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title DIRECTOR

HECTOR, GIOVANNI SHINBAUM, LARRY Name Name PO BOX 126848 PO BOX 126848 Address Address City-State-Zip: City-State-Zip: HIALEAH FL 33012

Title **PRESIDENT** Title **DIRECTOR** 

Name RODRIGUEZ, PABLO Name WEBB, JUDY Address PO BOX 126848 PO BOX 126848 Address City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Title **SECRETARY** Title VΡ

DEL VALLE. MICHAEL Name Name PERMUY, WILLIAM Address PO BOX 126848 Address PO BOX 126848 City-State-Zip: HIALEAH FL 33012 City-State-Zip: HIALEAH FL 33012

Title DIRECTOR

MASSON, MAYDELIN Name PO BOX 126848 Address City-State-Zip: HIALEAH FL 33012

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: PABLO RODRIGUEZ

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/20/2024