


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90203 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 757250
 1. Corporation Name
ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business 1601 SOUTH SURF ROAD HOLLYWOOD FL 33019	Mailing Address 1601 SOUTH SURF ROAD HOLLYWOOD FL 33019
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/16/1981
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2378393
23 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent FOSTER, REBECCA 3015 N. OCEAN BLVD. STE 121 FT. LAUDERDALE FL 33308	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOMIAK, MICHAEL	1.2 NAME	
STREET ADDRESS	11440 NW 42ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHR, MARTIN	2.2 NAME	
STREET ADDRESS	5115 AVE TRANS ISL #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTREAL, QUEBEC, CND.	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUG, MITCHELL	3.2 NAME	
STREET ADDRESS	600 SW 8TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, REBECCA A.	4.2 NAME	
STREET ADDRESS	6094 VISTA LINDA LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	D Barcia, John
STREET ADDRESS		5.3 STREET ADDRESS	3111 Carambola Circle
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Coconut Creek, FLA 33066
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA A. FOSTER DATE: 2/15/99 DAYTIME PHONE #: 954-563-2444