FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 757250

1. Corporation Name

ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

1601 SOUTH SURF ROAD

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

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HULLTWOOD P	r 33019	HOLLIWOOD PE 33019			1 100 MM 100 MM 100 MM 1100 MM 		}
2. Principal Pl	ace of Business	2a. Mailing Address		·	3. Date Incorporated or Qualifed		
21		26			06/16/1981		
Suite, Apt. #, etc. Suite, Apt. #, etc.					4. FEI Number 59-2378393	<u> </u>	plied For
22 27					38-23/6383		t Applicable
City & State	е	City & State			5. Certificate of Status Desired	\$8.75 A Fee Re	
23		28					
Zip	Country	Zip	Country	/	6. Election Campaign Financing	\$5.00	•
24	25		10		Trust Fund Contribution 10. Name and Address of New Registere	Added to	o rees
	9. Name and Address of Curren	t Registered Agent	81	Name	10. Marie and Address of New Registere	a Agent	
			١.	The state of			
FOSTER, REBECCA				Street /	Address (P.O. Box Number is Not Acceptable)		
3015 N. OCEAN BLVD.			-				
STE 121			83	'[
FT. LAUDE	ERDALE FL 33308		84	City		85 Zip C	Code
					F		and the same of
office or n	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzea by	tne corpo	corporation submits this statement for the purpose oration's board of directors. I hereby accept the app	ointment as reg	gistered
SIGNATURE		/NOTE: E	Paristand Are	ent algogature n	equired when reinstating) DATE		
12.	Signature, typed or printed name of registered ager OFFICERS AN		13.	int signature in	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PD	DELETE	1.1 TITLE			Change	Addition
`	CHOMIAK, MICHAEL	<u> </u>	1.2 NAME				
NAME	AAAAA ARAL AANID AT			T ADDRESS			
STREET ADDRESS	SUNRISE FL		1.3 STREE				
CITY-ST-ZIP		☐ DELETE	2.1 TITLE	31-ZIP		Change	Addition
TITLE	TD MADTIN	□ 0cc.c	2.2 NAME			- +	_
NAME	ROHR, MARTIN			- 1		•	
STREET ADDRESS	5115 AVE TRANS ISL #200		1	TADDRESS	1		
CITY-ST-ZIP	MONTREAL, QUEBEC, CND.	S perete	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE	D	DELETE	3.1 TITLE				
NAME	KLUG, MITCHELL		3.2 NAME				
STREET ADDRESS	600 SW 8TH STREET		3.3 STREE	TADDRESS			
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY-	ST-ZIP		Change	Addition
TITLE	_		4.1 TITLE			Change	
NAME	FOSTER, REBECCA A.		4. 2 NAME				٥٠
STREET ADDRESS	6094 VISTA LINDA LANE		4.3 STREE	T ADDRESS		-	N =
CITY-ST-ZIP	BOCA RATON FL.		4.4 CITY-	ST-ZIP			5-7 . 1 . 100
TITLE	**************************************	DELETE	5.1 TITLE		Barcia Tohn	Change	Addition
NAME			5.2 NAME		Barcia, John 3111 Carambola Circle	,c	
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	Counnet Creek, FLA 33066		<u> </u>
TITLE .		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME		·		
STREET ADDRESS			6.3 STREE	TADDRESS	•		
CITY ST 7ID	\sim		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 appearment with an address, with all other like empowered.

SIGNATURE: