


2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90118 048 \*\*\*\*61.25

<b>DOCUMENT # 757250</b> 1. Entity Name <b>ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																																													
Principal Place of Business <b>1601 SOUTH SURF ROAD HOLLYWOOD, FL 33019</b>			Mailing Address <b>1601 SOUTH SURF ROAD HOLLYWOOD, FL 33019</b>																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>3015 N. Ocean Blvd</b> <b>Ste 121</b> City & State <b>Ft. Lauderdale, FL</b> Zip <b>33308</b>																																																																																																																											
City & State		City & State		4. FEI Number <b>59-2378393</b>																																																																																																																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																									
6. Name and Address of Current Registered Agent  <b>FOSTER, REBECCA 3015 N. OCEAN BLVD. STE 121 FT. LAUDERDALE, FL 33308</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
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12. 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 report or supplemental 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; that the information has not been changed, or on an attachment with an address, with all other like empowered.																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> _____  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>Rebecca A Foster</b> 4/29/05 954.563.2444  <small>Date Daytime Phone #</small> </div> </div>																																																																																																																													