

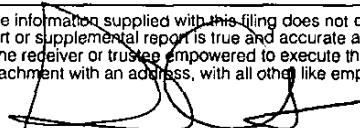


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 757250 1. Entity Name ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, INC.						FILED 06 MAY 11 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1601 SOUTH SURF ROAD HOLLYWOOD, FL 33019				Mailing Address 3015 N. OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308			
2. Principal Place of Business		3. Mailing Address		 04272006 Chg-NP CR2E037 (11/05)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2378393				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FOSTER, REBECCA 3015 N. OCEAN BLVD. STE 121 FT. LAUDERDALE, FL 33308				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>							
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition			
NAME	CHOMIAK, MICHAEL		NAME	600076201926 06/14/06--01036--004 **5495.00			
STREET ADDRESS	11440 NW 42ND ST.		STREET ADDRESS				
CITY-ST-ZIP	SUNRISE, FL		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition			
NAME	FOSTER, REBECCA A.		NAME	600076201926 06/14/06--01036--004 **5495.00			
STREET ADDRESS	6094 VISTA LINDA LANE		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	Change <input checked="" type="checkbox"/> Addition			
NAME	LATINO, BOB		NAME	PD LATINO, BOB] SAME			
STREET ADDRESS	1601 SOUTH SURF ROAD		STREET ADDRESS				
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition			
NAME			NAME	VD WILLIAM QUACKENBOS 1601 SOUTH SURF RD HOLLYWOOD, FL 33019			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition			
NAME			NAME	TD WILLIAM QUACKENBOS, JR. 1601 SOUTH SURF RD HOLLYWOOD, FL 33019			
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Delete		TITLE	Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE:  <div style="float: right;"> Rebecca A Foster 4/27/06 954.563.2444 <small>Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #</small> </div>							