


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01074 (6)**  
1. Corporation Name  
**ENCANTADA HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O PRIME MGMT. GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>	Mailing Address <b>C/O PRIME MANAGEMENT GROUP INC. 1051 S. ROGERS CIRCLE BOCA RATON FL 33487-2816 US</b>
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3. Date Incorporated or Qualified <b>01/24/1984</b>	3a. Date of Last Report <b>04/18/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <i>C/o Prime Management Group Inc. 6300 Park of Commerce Blvd.</i>	FEI Number <b>59-2245342</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State <b>23</b>	City & State <b>28</b> <i>Boca Raton FL</i>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b> <i>33487</i>	Country <b>30</b> <i>US</i>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**SWATT, MYRON**  
**8300 PARK OF COMMERCE BLVD.**  
**1051 S. ROGERS CIR**  
**BOCA RATON FL 33487**

**10. Name and Address of New Registered Agent**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CANNON, HERBERT</b>	
STREET ADDRESS	<b>23402 SAVONA CT</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>HABERMAN, BARRY J.</b>	
STREET ADDRESS	<b>7129 MARIANA CT.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVAGE, MYRA</b>	
STREET ADDRESS	<b>7220 MONTRICO DR.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PENNER, RONALD</b>	
STREET ADDRESS	<b>7058 MONTRICO DR</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERT COHEN</b>	
STREET ADDRESS	<b>7242 MONTRICO DRIVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'**

1.1 TITLE	<b>TREASURER - Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PRESIDENT - Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SENIOR VICE PRESIDENT - Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>SECRETARY - Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>PAUL BARON</b>	
4.3 STREET ADDRESS	<b>7141 MARIANA CT.</b>	
4.4 CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
5.1 TITLE	<b>VICE PRESIDENT - Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)