


FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # NO1074 (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 MGMT. GROUP, INC. 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US</b>
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3. Date Incorporated or Qualified <b>01/24/1984</b>	4. FEI Number <b>59-2245342</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**SWATT, MYRON  
6300 PARK OF COMMERCE BLVD.  
1051 S. ROGERS CIR  
BOCA RATON FL 33487**

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CANNON, HERBERT</b>		1.2 NAME <i>[Signature]</i>	
STREET ADDRESS <b>23402 SAVONA CT</b>		1.3 STREET ADDRESS <i>[Signature]</i>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP <b>SVP. T. D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S.D.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HABERMAN, BARRY J.</b>		2.2 NAME <b>PETER ZWICKCALM</b>	
STREET ADDRESS <b>7129 MARIANA CT.</b>		2.3 STREET ADDRESS <b>7131 MONTRICO DRIVE</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SVPD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>V.P. D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SAVAGE, MYRA</b>		3.2 NAME <b>ALAN LEFKOWITZ</b>	
STREET ADDRESS <b>7220 MONTRICO DR.</b>		3.3 STREET ADDRESS <b>7286 CAMPANA COURT</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		3.4 CITY-ST-ZIP <b>BOCA RATON, FL 33433</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME <b>BARON, PAUL</b>		4.2 NAME	
STREET ADDRESS <b>7141 MARIANA CT.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		4.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBERT COHEN</b>		5.2 NAME	
STREET ADDRESS <b>7242 MONTRICO DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		5.4 CITY-ST-ZIP	
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.

SIGNATURE: *[Signature]* **HERBERT S. CANNON** **5/19/98 (10) 361-0034**

CP2E037 (10/97)