


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90300 030 \*\*\*\*61.25

<b>DOCUMENT # N01074</b>			
1. Entity Name ENCANTADA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business C/O HRT REALTY SERVICES LLC. 1060 HOLLAND DRIVE #3-D BOCA RATON, FL 33487 US		Mailing Address C/O HRT REALTY SERVICES LLC. 1060 HOLLAND DRIVE #3-D BOCA RATON, FL 33487 US	
2. Principal Place of Business MADAGANY SERVICES		3. Mailing Address 21 SE 5 <sup>th</sup> STREET	
Suite, Apt. #, etc. 21 SE 5 <sup>th</sup> STREET		Suite, Apt. #, etc. #100	
City & State BOCA RATON FL		City & State BOCA RATON FL	
Zip 33432		Country PALM BEACH	
Zip 33432		Country PALM BEACH	
4. FEI Number 59-2245342		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CONSOVOY, BARRY 1060 HOLLAND DRIVE #3-D BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name: TERESA C. BISHOP Street Address (P.O. Box Number is Not Acceptable): 21 SE 5 <sup>th</sup> STREET #100 City & State: BOCA RATON FL Zip Code: 33432	
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: <i>T.C. Bishop</i> DATE: 4/19/06			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD HABERMAN, BARRY J. 7129 MARIANA CT. BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEFKOWITZ, ALLAN 7286 CAMPANA CT. BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ODSESS, MICHAEL 7057 SIENA CT BOCA RATION, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TILLEM, JOE 951 BROKEN SOUND PARKWAY NW #225 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIGAS, GEORGE 951 BROKEN SOUND PARKWAY NW #225 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Barry J. Haberman</i>		SIGNATURE: <i>BARRY J. HABERMAN</i> 5/25/06 561 3959311	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	