

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N05030 (4)**  
 1. Corporation Name

**THE ENCLAVE AT ORLANDO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: 6165 CARRIER DRIVE ORLANDO FL 32819  
 Mailing Address: 6165 CARRIER DRIVE ORLANDO FL 32819

3. Date Incorporated or Qualified: 09/07/1984  
 3a. Date of Last Report: 03/08/1995  
 4. FEI Number: 59-2709091  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**PROVIDENT MGMT, CORP**  
**1700 MCMULLEN BOOTH RD STE B5**  
**CLEARWATER FL 34619**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 300001905263  
 -0726296--01011--048  
 84 City: \*\*\*61.25 FL 85 Zip Code

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	Treasurer
NAME	RIESS, DONALD	1.2 NAME	{ Same
STREET ADDRESS	RR #2 BOX 109	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARISSA IL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	same
NAME	LIEB, DR. HOWARD	2.2 NAME	
STREET ADDRESS	37 WINDSOR RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Vice President, Legal
NAME	STEINER, EDWARD	3.2 NAME	{ Same
STREET ADDRESS	160 N MCKEAN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	KITTANNING PA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	Vice President, Physical Plant
NAME	ZELASNEY, JAMES	4.2 NAME	Harst, Morgan
STREET ADDRESS	10 SCHINDELER DRIVE	4.3 STREET ADDRESS	8 Heartwood Rd.
CITY-ST-ZIP	SUCCASUNNA NJ	4.4 CITY-ST-ZIP	Levittown, Pa. 19056
TITLE	TD	5.1 TITLE	Secretary
NAME	HOLLINGER, CHARLES	5.2 NAME	Edwards, Dr. Ted
STREET ADDRESS	35 YALE ST	5.3 STREET ADDRESS	123 Hillcrest Rd
CITY-ST-ZIP	PT JEFFERSON NY	5.4 CITY-ST-ZIP	Flemington, NJ 08822
TITLE	D	6.1 TITLE	Vice President, Operations
NAME	DECEASARE, DOMINICK	6.2 NAME	{ Same
STREET ADDRESS	1 ROCHELLE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITY ISLAND NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DONALD RIESS - TREASURER**

Date

Daytime Phone #

6/28/96 618-295-3721

0004528

CR2E037 (3/96)