

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
4. FEI Number 59-2709091	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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. City	
84. City	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	T	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIESS, DONALD	1.2 NAME	COSTA, JOSEPH
STREET ADDRESS	RR #2 BOX 109	1.3 STREET ADDRESS	508 TETHER LANE
CITY-ST-ZIP	MARISSA IL	1.4 CITY-ST-ZIP	PARAMUS, NY 07652-1P56
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEB, DR. HOWARD	2.2 NAME	1400 WINDY HILL
STREET ADDRESS	37 WINDSOR RD.	2.3 STREET ADDRESS	7 BEVERLY ROAD
CITY-ST-ZIP	STATEN ISLAND NY	2.4 CITY-ST-ZIP	CENTRAL AVENUE, NY 07009
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEINER, EDWARD	3.2 NAME	MORONEY, DAN
STREET ADDRESS	160 N MCKEAN STREET	3.3 STREET ADDRESS	7 BEVERLY ROAD
CITY-ST-ZIP	KITTANNING PA	3.4 CITY-ST-ZIP	CEDAR GROVE, NJ 07009-2201
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM ROY	4.2 NAME	GIRARDI, GIULIO
STREET ADDRESS	133 HOMER CIR	4.3 STREET ADDRESS	125 OVERLOOK TERRACE
CITY-ST-ZIP	MCKEES ROCK PA	4.4 CITY-ST-ZIP	STATEN ISLAND, NY 10305-2715
TITLE	S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, TED DR.	5.2 NAME	V
STREET ADDRESS	123 HILLCREST RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLEMINGTON NJ 08822	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DECEASARE, DOMINICK	6.2 NAME	D
STREET ADDRESS	1 ROCHELLE STREET	6.3 STREET ADDRESS	MANH, ED
CITY-ST-ZIP	CITY ISLAND NY	6.4 CITY-ST-ZIP	31 CHURCH ST FLEMINGTON, NJ 08822

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:  **Donald T. A. Riess** 4/21/98 (718) 761-3200

CR2E037 (10/97)