


**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90063 022 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N05030**

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



2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 09/07/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2709091
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  PROVIDENT MGMT, CORP 1700 MC MULLEN BOOTH RD STE B5 CLEARWATER FL 34619	10. Name and Address of New Registered Agent 81 Name Integra Resort Management 82 Street Address (P.O. Box Number is Not Acceptable) 6165 Carrier Drive 83 Attn: John Gordon 84 City Orlando FL 85 Zip Code 32819
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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: *[Signature]* DATE: 5/11/99

(NOTE: Registered Agent signature required when relinquishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE COSTA, JOSEPH 508 TETHER LANE PARAMUS NJ 07652	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Costa, Joseph 508 Tether Lane Paramus, NJ 07652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE PD LIEB, DR. HOWARD 37 WINDSOR RD. STATEN ISLAND NY	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD Mahn, Ed 31 Church Street Flemington, NJ 08822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE S MORONEY, DAN 7 BEVERLEY ROD CEDAR GROVE NJ 07009	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Michelli, Thomas 3 Northwoods Road Watside, NJ 07712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE V WILLIAM ROY 133 HOMER CIR MCKEES ROCK PA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S Ms. Connie Eng 85 West Bank Lane Stamford, CT 06902-1309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE S EDWARDS, TED DR. 123 HILLCREST RD. FLEMINGTON NJ 08822	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D Edwards, Ted DR. 123 Hillcrest Road Flemington, NJ 08822
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D MAHN, ED 31 CHURCH STREET FLEMINGTON NJ 08822	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Girardi, Giulio 125 Overlook Terrace Staten Island, NY 10305

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** DATE: 4/29/99 DAYTIME PHONE: 407-351-1155 x5554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)