

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90006 016 \*\*\*\*61.25

**DOCUMENT # N05030**

1. Entity Name

**THE ENCLAVE AT ORLANDO CONDOMINIUM ASSOCIATION,**

*f*

Principal Place of Business

Mailing Address

6165 CARRIER DRIVE  
 ORLANDO FL 32819

6165 CARRIER DRIVE  
 ORLANDO FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2709091**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

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

**INTEGRA RESORT MANAGEMENT**  
**6165 CARRIER DRIVE**  
**ATTN: JOHN GORDON**  
**ORLANDO FL 32819**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*John Gordon*  
 9/12/00  
 DATE

**FILE NOW: FEE IS \$61.25**

**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COSTA, JOSEPH</b>	
STREET ADDRESS	<b>508 TETHER LANE</b>	
CITY-ST-ZIP	<b>PARAMUS NJ 07652</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MAHN, ED</b>	
STREET ADDRESS	<b>31 CHURCH STREET</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08822</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MICHELLI, THOMAS</b>	
STREET ADDRESS	<b>3 NORTHWOODS ROAD</b>	
CITY-ST-ZIP	<b>ASBURY PARK NJ 07712</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ENG, CONNIE</b>	
STREET ADDRESS	<b>85 WEST BANK LANE</b>	
CITY-ST-ZIP	<b>STAMFORD CT 06902</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>EDWARDS, TED</b>	
STREET ADDRESS	<b>123 HILLCREST RD.</b>	
CITY-ST-ZIP	<b>FLEMINGTON NJ 08822</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GIRARDI, GIULIO</b>	
STREET ADDRESS	<b>125 OVERLOOK TERRACE</b>	
CITY-ST-ZIP	<b>STATEN ISLAND NY 10305</b>	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D. Friedman, Paula</b>	
STREET ADDRESS	<b>170 Hyslop Rd.</b>	
CITY-ST-ZIP	<b>Brookline, MA 02146</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

*Ed Mahn*  
**SIGNATURE REQUIRED**

8/11/00

908-788-5600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)