

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0027430

DOCUMENT # N05030

03-19-2001 90073 046 ****61.25

1. Entity Name

THE ENCLAVE AT ORLANDO CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

6165 CARRIER DRIVE
 ORLANDO FL 32819

6165 CARRIER DRIVE
 ORLANDO FL 32819

00000000



DO NOT WRITE IN THIS SPACE

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

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

[Handwritten Signature]

1/24/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

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

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/01 9087885600

CR2E037 (10/00)