SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:30

DOCUMENT # N06976 (7)

1. Corporation Name

THE ENCLAVE OF PALM BEACH CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
3170 SOUTH OCEAN BLVD. PALM BEACH FL 33480	3170 SOUTH OCEAN BLVD. PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1985
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2495222 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WOLFF, NORMAN L.
3170 S.OCEAN BLVD.
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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: Norman L. Wolff 6-8-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	XX P/D	11 TITLE	D/VP	☐ Change ☐ Addition
NAME	MELTZER, IRWIN	12 NAME	FINK, RODNEY	
STREET ADDRESS	3170 S. OCEAN BLVD.	13 STREET ADDRESS	3170 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D/ASST.S/T	21 TITLE	D/ASST.SEC	☐ Change ☐ Addition
NAME	SHAPIRO, NORMA	22 NAME	ADLER, DOROTHY	
STREET ADDRESS	3170 S. OCEAN BLVD.	23 STREET ADDRESS	3170 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH. FL	24 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	XXX	31 TITLE	D/ASST/T	☐ Change ☐ Addition
NAME	XXXXXXXXXXXXXXXX	32 NAME	DENHOLTZ, JACK	
STREET ADDRESS	XXXXXXXXXXXXXXXX	33 STREET ADDRESS	3170 S. OCEAN BLVD.	
CITY-ST-ZIP	XXXXXXXXXXXXXXXX	34 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	XXXXXXXXXXXXXXXX	42 NAME	NILOFF, PAUL	
STREET ADDRESS	XXXXXXXXXXXXXXXX	43 STREET ADDRESS	3170 S. OCEAN BLVD.	
CITY-ST-ZIP	XXXXXXXXXXXXXXXX	44 CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D/S	51 TITLE		☐ Change ☐ Addition
NAME	DRESSLER, MAX	52 NAME		
STREET ADDRESS	3170 S.OCEAN BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	54 CITY-ST-ZIP		
TITLE	TD	61 TITLE		☐ Change ☐ Addition
NAME	WECHSLER, IRVING	62 NAME		
STREET ADDRESS	3170 S. OCEAN BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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] 6/9/95 407-743-89[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0011970

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N07814 (9)

1. Corporation Name

MILAM AIRPORT PARK MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4995 NW 72ND AVE STE 303 MIAMI FL 33166-2620	4995 NW 72ND AVE STE 303 MIAMI FL 33166-2620

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1985
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2778619 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LERMA, GLORIA
4995 NW 72ND AVE #303
MIAMI FL 33166-2620

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	11 TITLE		☐ Change ☐ Addition
NAME	LERMA, GLORIA C	12 NAME		
STREET ADDRESS	4995 NW 72ND AVE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	ESPIN, GLADYS	22 NAME		
STREET ADDRESS	4995 NW 72ND AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	BERTOLA, CARLO CLERICO	32 NAME		
STREET ADDRESS	4995 NW 72ND AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Gloria C Lerma 6/5/95 305 594-2942
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0006708