

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N06976

(7)

1. Corporation Name

THE ENCLAVE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**3170 SOUTH OCEAN BLVD.
PALM BEACH FL 33480**

**3170 SOUTH OCEAN BLVD.
PALM BEACH FL 33480**

3. Date Incorporated or Qualified
01/07/1985

3a. Date of Last Report
06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Cheryl L. Ddunivant

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

3170 S. Ocean Boulevard

83

Palm Beach, FL 33480

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 **Cheryl L. Dunivant**

Cheryl L. Dunivant

4-16-96

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 ☐ DELETE

NAME **DVP**
STREET ADDRESS **FINK, RODNEY**
CITY-ST-ZIP **3170 S. OCEAN BLVD.
PALM BEACH FL**

TITLE ☐ DELETE

NAME **DASE**
STREET ADDRESS **ADLER, DOROTHY**
CITY-ST-ZIP **3170 S OCEAN BLVD
PALM BCH. FL**

TITLE ☐ DELETE

NAME **DAST**
STREET ADDRESS **DENHOLTZ, JACK**
CITY-ST-ZIP **3170 S OCEAN BLVD
PALM BEACH FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **NILOFF, PAUL**
CITY-ST-ZIP **3170 S OCEAN BLVD
PALM BEACH FL**

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **DRESSLER, MAX**
CITY-ST-ZIP **3170 S.OCEAN BLVD.
PALM BEACH FL**

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **WECHSLER, IRVING**
CITY-ST-ZIP **3170 S. OCEAN BLVD.
PALM BEACH FL**

1.1 TITLE

D/President

1.2 NAME

Irwin S. Meltzer

1.3 STREET ADDRESS

**3170 S. Ocean Blvd.
Palm Beach, FL 33480**

1.4 CITY-ST-ZIP

2.1 TITLE

D/Asst Treasurer

2.2 NAME

Norma Shapiro

2.3 STREET ADDRESS

**3170 S. Ocean Blvd
Palm Beach, FL 33480**

2.4 CITY-ST-ZIP

3.1 TITLE

Director

3.2 NAME

Burton Botvin

3.3 STREET ADDRESS

**3170 S. Ocean Blvd.
Palm Beach, FL 33480**

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

D/Secretary

5.2 NAME

Max Dressler

5.3 STREET ADDRESS

**3170 S. Ocean Blvd.
Palm Beach, FL 33480**

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

Irwin S. Meltzer, President

Date

407/582-1100

CP 200-27 (12/95)