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

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

N06976

(7)

THE ENCLAVE OF PALM BEACH CONDOMINIUM ASSOCIATIO N, INC.

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

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3170 SOUTH OCEAN BLVD. PALM BEACH FL 33480-5625

## **FILED** Apr 14 1997 8:00am Secretary of State



3a. Date of Last Report 04/19/1996

Applied For

3. Date Incorporated or Qualified 01/07/1985

4. FEt Number 59-2495222

4/4/97

561-582-0206

21		26			59-2495222 Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22		27			5. Certificate of Statos Desired Fee Required	
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip .	Count	'y	8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29 3	0		Florida Statutos Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81. Name						
_				Name		
CHERYL L. DDUNIVANT				82 Street Address (P.O. Box Number is Not Acceptable)		
3170 S.OCEAN BLVD.						
PALM BEACH FL 33480				<b>'</b>	•	
	•		84	City	85 Zip Code	
				<u></u>	FL 13 Expenses	
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 17.0503, Florida Statutes.						
SIGNATURE Cheryl L. Dunivant Wall Discourse (Signature, typed or printed memo of registered agent and time if application (AOIE Registered Agent signature required when reinstating)  OATE						
	Signature, typed or printed name of registered as	nonl and title if applicable NOTE: R	Registered Ag	gent signature r	e required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	DVP	DELETE	1.1 TITLE			
NAME	FINK, RODNEY		1.2 NAME		Durcon Docvin =	
STREET ADDRESS	3170 S. OCEAN BLVD.			1	3170 S. Ocean Blvd	
	PALM BEACH FL			T ADDRESS	Palm Beach, FL 33480	
CITY-ST-ZIP TITLE	DASE	DELETE	2.1 TITLE	SI-ZIP	Change XX Addition	
NAME	ADLER, DOROTHY		2.2 NAME		5	
STREET ADDRESS	3170 S OCEAN BLVD	ļ		T ADDRESS	Sidney Brodie	
CITY-ST-ZIP	PALM BCH. FL	i			3170 S. Ocean Blvd	
TITLE	DAST	DELETE	2. 4 CITY - 3.1 TITLE	· SI - ZIP	Palm Beach, Fir 33480 Change Addition	
NAME	DENHOLTZ, JACK		3.2 NAME	1	VP	
STREET ADDRESS	3170 S OCEAN BLVD			T ADDRESS	Jack Denholtz	
CITY-ST-ZIP	PALM BEACH FL		3.4. CHTY-		3170 S. Ocean Blyd Palm Beach, FL 33480	
TOTLE	D	DELETE	4.1 TITLE	31-211	D Change XX Addition	
NAME	NILOFF, PAUL		4. 2 NAME	.	Gene Hoffman	
STREET ADDRESS	3170 S OCEAN BLVD			I ADDRESS	3170 S. Ocean Blvd	
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-		Palm Beach, FL 33480	
TITLE	DS DS	<b>₩</b> DELETE	5.1 TITLE		D Change 13 Addition	
NAME	DRESSLER, MAX		5.2 NAME	)	Ralph Reynolds	
STREET ADDRESS	3170 S.OCEAN BLVD.		53 STREE	1 ADDRESS	3170 S. Ocean Blvd	
CITY-ST-ZIP	PALM BEACH FL	i	5.4 C/TY-	ST-7IP	Palm Beach, FL 33480	
TITLE	TD	DELETE	6.1 TITLE		Change XX Addition	
NAME	WECHSLER, IRVING		6.2 NAME	ļ	Norma Shapiro	
STREET ADDRESS	3170 S. OCEAN BLVD.		6.3 STREE	1 ADDRESS	3170 S. Ocean Blvd	
CITY-ST-ZIP	PALM BEACH FL		6.4 CITY-	ST-21P	Palm Beach, FL 33480	
14. I do 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 energy control or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the						
14. I do 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 angular report of supplemental angular 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 thy coloration or the receiver of trustee employered 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 arrives.						