2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06976

FILED Apr 26, 2004 Secretary of State

Entity Name: THE ENCLAVE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3170 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 3170 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 FEI Number: 59-2495222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PARKER, BILLY L 3170 S.OCEAN BLVD. PALM BEACH, FL 33480 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition BOTVIN, BURTON DENHOLTZ, JACK Name: Name: 3170 S OCEAN BLVD Address: 3170 S OCEAN BLVD Address: City-St-Zip: PALM BEACH, FL City-St-Zip: PALM BEACH, FL Title: Title: D (X) Change () Addition () Delete Name: HOFFMAN, GENE Name: BOTVIN, BURT Address: 3170 S OCEAN BLVD Address: 3170 S OCEAN BLVD City-St-Zip: PALM BCH., FL 33480 City-St-Zip: PALM BCH., FL 33480 Title: () Delete Title: () Change () Addition SHAPIRO, NORMA Name: Name: 3170 S OCEAN BLVD Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GROFFMAN, LESLIE Name: 3170 S OCEANBLVD #404S Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition BRODIE, SIDNEY Name: Name: 3170 S OCEAN BLVD Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition WECHSLER, IRVING Name: Name: Address: 3170 S. OCEAN BLVD. Address: PALM BEACH, FL 33480 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVING WECHSLER MR. 04/26/2004