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Feb 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N18640 (5)  
1. Corporation Name

THE ENCLAVE AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 1688 BREAKERS WEST BLVD, WEST PALM BEACH FL 33411, US  
Mailing Address: 1688 BREAKERS WEST BLVD, WEST PALM BEACH FL 33411-1867, US

3. Date Incorporated or Qualified: 01/07/1987  
3a. Date of Last Report: 01/31/1996  
4. FEI Number: 59-2770565  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-23)  
2a. Mailing Address (26-28)  
24. Zip, 25. Country, 29. Zip, 30. Country

9. Name and Address of Current Registered Agent  
DAVIS, BARBARA  
1688 BREAKERS WEST BLVD  
1 SO COUNTY ROAD  
WEST PALM BEACH FL 33411

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City, 85. Zip Code (FL)

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

Table with 2 columns: OFFICERS AND DIRECTORS (12), ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows include: 1. PD KAPLAN, SIDNEY (1679 ENCLAVE CIRCLE); 2. VPD MARTIN, JOSEPH (1439 ENCLAVE CIRCLE); 3. STD DAVIS, BARBARA (107 HERON PARKWAY); 4-6. Empty rows with DELETED checkboxes.

Table with 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (13). Rows 1.1-6.4 for Name, Title, Street Address, City-ST-ZIP.

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 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: *Barbara Davis* SECRETARY/TREASURER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)