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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38975

1. Corporation Name

ENCINO AT GRAND PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

% MIAMI MANAGEMENT
1189 SAWGRASS CORP.. PARKWAY
SUNRISE FL 33323

Mailing Address

% MIAMI MANAGEMENT
1189 SAWGRASS CORP.. PARKWAY
SUNRISE FL 33323



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/02/1990

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0276077

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAI, CARLOS A ESQ
999 PONCE DE LEON BLVD., SUITE 1110
CORAL GABLES FL 33134

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

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 DP DELETE
NAME KRUEGER, PHIL
STREET ADDRESS 1579 S.W. 151 AVE.
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE D Change Addition
1.2 NAME SAMMARCO, LINDA
1.3 STREET ADDRESS 14903 ENCINO CT. N.
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE DV DELETE
NAME EISEN, TED
STREET ADDRESS 14924 SW 15TH ST
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE D Change Addition
2.2 NAME BERNIE EINGOLD
2.3 STREET ADDRESS 15163 SW ENCINO CT. N.
2.4 CITY-ST-ZIP PEMBROKE PINES FL 33027

TITLE DT DELETE
NAME TYRRELL, JACK
STREET ADDRESS 1588 S.W. 151 AVE.
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE D Change Addition
3.2 NAME STRUMWASSER, FRAN
3.3 STREET ADDRESS 1523 SW 151 AVE
3.4 CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE DS DELETE
NAME MANFRE, TOM
STREET ADDRESS 14911 SW 15TH ST
CITY-ST-ZIP PEMBROKE PINES FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BUSHNELL, LIZ
STREET ADDRESS 14909 S.W. 15 STREET
CITY-ST-ZIP PEMBROKES PINES FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME WETCHER, JACK
STREET ADDRESS 14939 SW 15TH ST
CITY-ST-ZIP PEMBROKE PINES FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 (454) 433-3652
Date Daytime Phone #

CR2E037 (1/198)