



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90012 022 ****61.25

DOCUMENT # N38975					
1. Entity Name ENCINO AT GRAND PALMS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business % MIAMI MANAGEMENT 1189 SAWGRASS CORP., PARKWAY SUNRISE, FL 33323			Mailing Address 14275 SW 42 AVENUE MIAMI, FL 33186		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0276077	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIAY, CARLOS A ESQ 999 PONCE DE LEON BLVD., SUITE 1110 CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUSHNELL, CHUCK	NAME			
STREET ADDRESS	14909 SW 15TH ST	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUFFNER, MARILYN	NAME			
STREET ADDRESS	1524 SW 151 AVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROTHENBERG, WILLIAM	NAME			
STREET ADDRESS	14923 SW 151 AVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERMAN, SANFORD	NAME			
STREET ADDRESS	1489 SW 151 AVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KANNER, BEN	NAME			
STREET ADDRESS	15048 SW 16 ST	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, GERRY	NAME			
STREET ADDRESS	1607 SW 149 AVE	STREET ADDRESS			
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		2-504		954/431-2835	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	