

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90039 023 ****61.25



DOCUMENT # N38975
 1. Entity Name
ENCINO AT GRAND PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
MIAMI MGMT
101 GRAND PALMS DRIVE
PEMBROKE, FL 33027

Mailing Address
101 GRAND PALMS DRIVE
PEMBROKE, FL 33027



2. Principal Place of Business - No P.O. Box #
Miami Management
 Suite, Apt. #, etc.
15805 SW 11 St.

3. Mailing Address
15805 SW 11 Street
 Suite, Apt. #, etc.

01042008 Chg-NP CR2E037 (12/06)

City & State
Pembroke Pines FL

City & State
Pembroke Pines FL

Zip
33027 Country *US*

Zip
33027 Country *US*

4. FEI Number
65-0276077

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOWITZ, DAVID	NAME	
STREET ADDRESS	1514 SW 149 AVE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<i>SD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIDY, JAMES	NAME	
STREET ADDRESS	1622 SOUTHWEST 149 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<i>B</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMMARCO, LINDA	NAME	
STREET ADDRESS	14903 ENCINO CIRCLE NORTH	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<i>PD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOTHELF, RENE	NAME	
STREET ADDRESS	1648 SOUTHWEST 148 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES, FL 33027	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Renee Gotthelf* **1-8-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #