

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N95000004622 (5)**

1. Corporation Name  
**THE ENCLAVE AT WOODFIELD COUNTRY CLUB, INC.**



Principal Place of Business  
**3600 CLUB PLAE  
BOCA RATON FL 33496**

Mailing Address  
**3600 CLUB PLAE  
BOCA RATON FL 33496**

3. Date Incorporated or Qualified  
**09/29/1995**

3a. Date of Last Report

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.

City & State  
**23**

Zip  
**24**

Country  
**25**

4. FEI Number  
**65-0641822**

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

**9. Name and Address of Current Registered Agent**

**PERRY, HUGH W  
% GUNSTER YOAKLEY VALDES-FAULI & STEWART  
777 S. FLAGLER DR. SUITE 500  
W PALM BEACH FL 33402-4587**

**10. Name and Address of New Registered Agent**

**81 Name John C. Csapo**

**82 Street Address (P.O. Box Number is Not Acceptable) 3600 Club Place**

**83**

**84 City Boca Raton FL 85 Zip Code 33496**

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 *John C. Csapo* **John C. Csapo** **1/22/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JULIEN, ROBERT</b>	
STREET ADDRESS	<b>3600 CLUB PLACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> DELETE
NAME	<b>CSAPO, JOHN C</b>	
STREET ADDRESS	<b>3600 CLUB PLACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE	<b>SVD</b>	<input type="checkbox"/> DELETE
NAME	<b>CLARKE, MICHAEL</b>	
STREET ADDRESS	<b>3600 CLUB PLACE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33496</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 by an attachment with an address.

SIGNATURE: *Robert Julien* **Robert Julien** **1/22/96** **407-487-0700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)