

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90168 042 \*\*\*\*61.25

**DOCUMENT # N97000000308**

1. Entity Name

**ENCANTADA AT PEMBROKE PINES COMMUNITY ASSOCIATIO**

Principal Place of Business

Mailing Address

7777 GLADES ROAD  
 SUITE 410  
 BOCA RATON FL 33434

7777 GLADES ROAD  
 SUITE 410  
 BOCA RATON FL 33434-4193

**80016809**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0888213**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEST, ALFRED G**  
**7777 GLADES ROAD**  
**SUITE 410**  
**BOCA RATON FL 33434**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **VSD**  
**SLEEK, HARRY T**  
 STREET ADDRESS **7777 GLADES RD, STE 410**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PTD**  
**WEST, ALFRED G**  
 STREET ADDRESS **7777 GLADES RD, STE 410**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D**  
**HOYOS, JEFFREY**  
 STREET ADDRESS **7777 GLADES RD, STE 410**  
 CITY-ST-ZIP **BOCA RATON FL 33434**

TITLE  Change  Delete  
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 CITY-ST-ZIP

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 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)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE: READING** *[Signature]* **1/27/2001 (954) 977-377**