


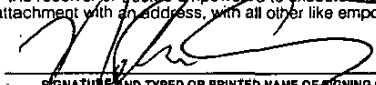
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90077 010 ****61.25

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DOCUMENT # N97000000308					
1. Entity Name ENCANTADA AT PEMBROKE PINES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 3300 CORPORATE AVE. SUITE 110 WESTON, FL 33331		Mailing Address 3300 CORPORATE AVE. SUITE 110 WESTON, FL 33331			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04122005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 65-0888213	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
O'DONNELL, LINDA J C/O GABLES PROPERTY MGMT., INC. 3300 CORPORATE AVE., SUITE 110 WESTON, FL 33331				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, 2005		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	SD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBLUTH, DENISE		NAME	LEROY, VANICK	
STREET ADDRESS	19171 SW 15 ST.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	Weston FL 33331	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALOY, NELSON		NAME	ALOY, NELSON	
STREET ADDRESS	6941 SW 196 AVE, STE 27		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	Weston FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIZANO, DANIEL		NAME	REYNOSO, NANCY	
STREET ADDRESS	18895 SW 7 ST.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	Weston, FL 33331	
TITLE	T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIWPAL, VINCENT		NAME	SHIWPAL, VINCENT	
STREET ADDRESS	1101 SW 189 AVE.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	Weston FL 33331	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHAGAN, BRETT		NAME	PHAGAN, BRETT	
STREET ADDRESS	1151 SW 189 AVE.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	Weston FL 33331	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARISSIMI, DOMINIC		NAME	PRIETO, JUSTO	
STREET ADDRESS	18690 SW 7 ST.		STREET ADDRESS	3300 Corporate Ave, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	Weston FL 33331	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		NELSON Aloy President 4-12-05 954-442-9237		Date Daytime Phone #	