


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90012 028 ****61.25

DOCUMENT # N97000000308					
1. Entity Name ENCANTADA AT PEMBROKE PINES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business C/O FEIN & MELONI, ESQS. 900 S.W. 40TH AVENUE PLANTATION, FL 33317		Mailing Address C/O FEIN & MELONI, ESQS. 900 S.W. 40TH AVENUE PLANTATION, FL 33317			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0888213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		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		
MELONI, EDOARDO ESQ. 900 S.W. 40TH AVENUE PLANTATION, FL 33317			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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 type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEROY, YANICK		NAME		
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCIA, FERNEY		NAME	Dominic Carissimi	
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS	C/O Fein & Meloni, Esqs.	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	900 SW 40 Ave., Plantation, FL 33317	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SINGER, RICHARD		NAME	Jose Valdeauso	
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS	C/O Fein & Meloni, Esqs.	
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP	900 SW 40 Ave., Plantation, FL 33317	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIWPAL, VINCENT		NAME	Maria Furde	
STREET ADDRESS	3300 CORPORATE AVE, # 110		STREET ADDRESS	C/O Fein & Meloni, Esqs.	
CITY-ST-ZIP	WESTON, FL 33331		CITY-ST-ZIP	900 SW 40 Ave., Plantation, FL 33317	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHAGAN, BRETT		NAME		
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIETO, JUSTO		NAME		
STREET ADDRESS	1495 N PARK DR		STREET ADDRESS		
CITY-ST-ZIP	WESTON, FL 33326		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: <i>Yanick Leroy, Pres</i>			Date: 2/12/07 9546482184		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		