

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 17, 2009
Secretary of State**

DOCUMENT# N97000000308

Entity Name: ENCANTADA AT PEMBROKE PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O FEIN & MELONI, ESQS.
900 S.W. 40TH AVENUE
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

C/O FEIN & MELONI, ESQS.
900 S.W. 40TH AVENUE
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 65-0888213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELONI, EDOARDO ESQ.
900 S.W. 40TH AVENUE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MENDEZ, JOE
Address: 18930 SW 16 STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: KOVACSIK, JACQUELINE
Address: 1531 SW 187 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DD () Delete
Name: DUNN, GAYON
Address: 19151 SW 15TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: GOETZ, LOUIS
Address: 1509 SW 187 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: ALOY, NELSON
Address: 6941 SW 196 AVE, STE 27
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDOARDO MELONI, ESQ., AS AGENT

ATTY

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date