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Secretary of State

03-03-1999 90033 044 ***150.00

U148032

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V74240

1. Corporation Name
THE ENCLAVE AT SILVER LAKES, INC.



Principal Place of Business
 1240 S.W. 177 TERRACE
 PEMBROKE PINES FL 33029
 US

Mailing Address
 1240 S.W. 177 TERRACE
 PEMBROKE PINES FL 33029
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/23/1992

4. FEI Number
65-0371773

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 1233 SW 177 Terr
 Suite, Apt. #, etc.

2a. Mailing Address
 26 1233 SW 177
 Suite, Apt. #, etc.

22. City & State
 27 Pembroke Pines, FL

23. City & State
 28 Pembroke Pines, FL

24. Zip 33029 25. County FL 29. Zip 33029 30. County FL

9. Name and Address of Current Registered Agent
HODKIN, PETER M
 2101 W COMMERCIAL BLVD
 #4100
 FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input type="checkbox"/>
NAME	ZUCKERMAN, DAVID	
STREET ADDRESS	1240 S.W. 177 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/>
NAME	ZUCKERMAN, ANDREW	
STREET ADDRESS	1240 S.W. 177 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/>
NAME	ZUCKERMAN, STEVEN	
STREET ADDRESS	1240 SW 177TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/>
NAME	ZUCKERMAN, MELVIN	
STREET ADDRESS	1240 SW 177TH TERR	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		DELETED
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	1233 SW 177 TERR	
1.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	1233 SW 177 TERR	
2.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	1233 SW 177 TERR	
3.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	1233 SW 177 TERR	
4.4 CITY-ST-ZIP	Pembroke Pines, FL 33029	
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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **2/5/99** Daytime Phone #: **(954) 4371213**

CR2E034 (11/98)