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**Mar 22, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N01074**

1. Corporation Name

**ENCANTADA HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

C/O PRIME MGMT. GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

Mailing Address

C/O PRIME MGMT. GROUP, INC.  
6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/24/1984

4. FEI Number

59-2245342

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

9. Name and Address of Current Registered Agent

SWATT, MYRON  
6300 PARK OF COMMERCE BLVD.  
1051 S. ROGERS CIR  
BOCA RATON FL 33487

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CANNON, HERBERT  
STREET ADDRESS 23402 SAVONA CT  
CITY-ST-ZIP BOCA RATON FL  
☒ DELETE

TITLE TD  
NAME HABERMAN, BARRY J.  
STREET ADDRESS 7129 MARIANA CT.  
CITY-ST-ZIP BOCA RATON FL  
☐ DELETE

TITLE SD  
NAME SWICKEAU, PETER  
STREET ADDRESS 7131 MONTRICO DR  
CITY-ST-ZIP BOCA RATON FL 33433  
☐ DELETE

TITLE VPD  
NAME BARON, PAUL  
STREET ADDRESS 7141 MARIANA CT.  
CITY-ST-ZIP BOCA RATON FL 33433  
☒ DELETE

TITLE VPD  
NAME LEFKOWITA, ALAN  
STREET ADDRESS 7286 CAMPANA CT  
CITY-ST-ZIP BOCA RATON FL 33433  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☐ Change ☐ Addition

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☒ Change ☐ Addition

3.1 TITLE SVP  
3.2 NAME PETER ZWICKAU  
3.3 STREET ADDRESS 7131 MONTRICO DRIVE  
3.4 CITY-ST-ZIP BOCA RATON, FL 33433  
☒ Change ☐ Addition

4.1 TITLE SD  
4.2 NAME ALAN LEFKOWITZ  
4.3 STREET ADDRESS 7286 CAMPANA COURT  
4.4 CITY-ST-ZIP BOCA RATON FL 33433  
☐ Change ☒ Addition

5.1 TITLE TD  
5.2 NAME John Mercedes  
5.3 STREET ADDRESS 7052 MONTRICO DRIVE  
5.4 CITY-ST-ZIP BOCA RATON, FL 33433  
☐ Change ☒ Addition

6.1 TITLE VPD  
6.2 NAME MICHAEL ODSESS  
6.3 STREET ADDRESS 7057 SIENA COURT  
6.4 CITY-ST-ZIP BOCA RATON FL 33433  
☐ Change ☒ Addition

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 617, 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: *Barry J. Haberman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/05/99 561-989-5001  
Date Daytime Phone #

CR2E037 (1/98)