

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01074

1. Entity Name

ENCANTADA HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90042 008 ****61.25

Principal Place of Business Mailing Address
C/O PRIME MGMT. GROUP, INC.
6300 PARK OF COMMERCE BLVD
BOCA RATON FL 33487
US

2. Principal Place of Business Suite, Apt. #, etc.
City & State

3. Mailing Address Suite, Apt. #, etc.
City & State



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number 59-2245342 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SWATT, MYRON
6300 PARK OF COMMERCE BLVD.
1051 S. ROGERS CIR
BOCA RATON FL 33487

7. Name and Address of New Registered Agent
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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS
TITLE PD
NAME HABERMAN, BARRY J.
STREET ADDRESS 7129 MARIANA CT.
CITY-ST-ZIP BOCA RATON FL
Delete ☐
TITLE SVPD
NAME ZWICKAU, PETER
STREET ADDRESS 7131 MONTRICO DR
CITY-ST-ZIP BOCA RATON F 33433
Delete ☒
TITLE SD
NAME LEFKOATZ, ALLAN
STREET ADDRESS 7286 CAMPANA CT.
CITY-ST-ZIP BOCA RATON FL 33433
Delete ☐
TITLE TD
NAME MERCEDE, JOHN
STREET ADDRESS 7052 MONTRICO DR.
CITY-ST-ZIP BOCA RATON FL 33433
Delete ☐
TITLE VPD
NAME ODSESS, MICHAEL
STREET ADDRESS 7057 SIENA CT.
CITY-ST-ZIP BOCA RATON FL 33433
Delete ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete ☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
D KATZ, JERRY
7029 MONTRICO Drive
BOCA RATON, FL 33433
Change ☐ Addition ☒
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change ☐ Addition ☐

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 *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

Daytime Phone #

CR2E037 (9/99)