FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2002 8:00 am Secretary of State **DOCUMENT # N01074** 1. Entity Name 04-02-2002 90978 038 ****61.25 ENCANTADA HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address C/O PRIME MGMT. GROUP, INC. C/O PRIME MGMT, GROUP, INC. 6300 PARK OF COMMERCE BLVD 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 **BOCA RATON FL 33487** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2245342 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SWATT, MYRON 6300 PARK OF COMMERCE BLVD. 1051 S. ROGERS CIR Zip Code **BOCA RATON FL 33487** 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 $\mathbb{E} \mathbb{C} \mathbb{C}^{n \times \{P_{n}, Q_{n}\}} \times \mathbb{S} \text{Signature, typed or printed name of registered agent and title if applicable.}$ DATE (NOTE: Registered Agent signature required when reinstating) उत्पर्ध रहर ClO trate. 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. THE MAN POV HE A SEAL OF Delete Addition TITLE ☐ Change NAME HABERMAN, BARRY J. NAME 7129 MARIANA CT. STREET ADDRESS **CR2E037** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE SD ☐ Delete TITLE Addition T D NAME NAME LEFKOWITZ, ALLAN STREET ADDRESS STREET ADDRESS 7286 CAMPANA CT. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** . Delete --☐ Addition TITLE NAME MERCEDE, JOHN NAME STREET ADDRESS STREET ADDRESS 7052 MONTRICO DR. CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL 33433 ☐ Delete TITLE ☐ Change ☐ Addition TITLE **VPD** NAME ODSESS, MICHAEL NAME STREET ADDRESS STREET ADDRESS 7057 SIENA CT. CITY-ST-ZIP **BOCA RATON FL 33433** SHELDON RAPPAPORTE PRIVE Addition Delete TITLE TITLE TD NAME NAME KATZ, JERRY STREET ADDRESS STREET ADDRESS 7029 MONTRICO DR CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33433 TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SICAIATIEDE-