

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 8:00 am
Secretary of State

02-03-2004 90010 046 ****61.25

DOCUMENT # 749894

1. Entity Name

APARTMENTS ENCHANTE ASSOCIATION, INC.



Principal Place of Business

1960 MARSEILLES DR.
MIAMI BEACH FL 33141

Mailing Address

1960 MARSEILLES DR.
MIAMI BEACH FL 33141

94008905



MOORE

CR2E037 (11/03)

2. Principal Place of Business

APTS. ENCHANTE ASSOC

Suite, Apt. #, etc.

3. Mailing Address

1960 MARSEILLE DR.

Suite, Apt. #, etc.

City & State

Miami Beach FL

City & State

Miami Beach FL

Zip

33141

Country

USA

Zip

33141

Country

4. FEI Number

59-2041307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MANUEL
1960 MARSEILLES DRIVE, #303
MIAMI BEACH FL 33141

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RODRIGUEZ, MANUEL ☐ Delete
STREET ADDRESS 1960 MARSEILLES DRIVE
CITY-ST-ZIP MIAMI BCH FL 33141

TITLE VD
NAME GODDARD, ALBA ☐ Delete
STREET ADDRESS 1960 MARSEILLES DR.
CITY-ST-ZIP MIAMI BCH FL 33141

TITLE SD
NAME RODRIGUEZ, RYLMA ☐ Delete
STREET ADDRESS 1960 MARSEILLES DR.
CITY-ST-ZIP MIAMI BCH FL 33141

TITLE TD
NAME JIMENEZ, AQUILES ☐ Delete
STREET ADDRESS 1960 MARSEILLES DR.
CITY-ST-ZIP MIAMI FL 33141

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
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.

SIGNATURE: *Manuel Rodriguez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-04