

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90261 042 \*\*\*\*61.25

**DOCUMENT # N94000005428**

1. Entity Name  
**ENCHANTED GROVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**2821 DAY AVENUE  
MIAMI, FL 33133 US**

Mailing Address  
**40 C.P.M. CORP.  
170 OCEAN LN. DR.  
KEY BISCAYNE, FL 33149 US**

**54036209**



2. Principal Place of Business

3. Mailing Address

**40 CPM CORP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**170 OCEAN LANE DR.**

01072004 Chg-NP CR2E037 (10/03)

City & State

City & State

**Key Biscayne, FL**

4. FEI Number  
**65-0668056**

Applied For  
Not Applicable

Zip

Country

Zip

**33149**

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CERTIFIED PROPERTY MGT. CORP  
170 OCEAN LANE DR  
KEY BISCAYNE, FL 33149**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Delete  
NAME **KOLINSKI, TERRY**  
STREET ADDRESS **2811 DAY AVE**  
CITY-ST-ZIP **MIAMI, FL 33133**

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

TITLE **PD** ☐ Delete  
NAME **BELCHER, DEBORAH**  
STREET ADDRESS **2809 DAY AVE.**  
CITY-ST-ZIP **MIAMI, FL 33133**

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

TITLE **SD** ☐ Delete  
NAME **LILIAN, ARMAS**  
STREET ADDRESS **2817 DAY AVE.**  
CITY-ST-ZIP **MIAMI, FL 33133**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-14-04 305-367-9462**