

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90044 043 \*\*\*\*61.25

**DOCUMENT # 749894**

1. Entity Name

APARTMENTS ENCHANTE ASSOCIATION, INC.



Principal Place of Business

APTS ENICHANTE ASBOC  
MIAMI BEACH FL 33141

Mailing Address

1960 MARSEILLES DR.  
MIAMI BEACH FL 33141

JUU14600



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

7. Name and Address of New Registered Agent

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

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, 2005**

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	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, MANUEL	
STREET ADDRESS	1960 MARSEILLES DRIVE	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GODDARD, ALBA	
STREET ADDRESS	1960 MARSEILLES DR.	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUEZ, RYLMA	
STREET ADDRESS	1960 MARSEILLES DR.	
CITY-ST-ZIP	MIAMI BCH FL 33141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	JIMENEZ, AQUILES	
STREET ADDRESS	1960 MARSEILLES DR.	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMANDO GUERRA	
STREET ADDRESS	1960 MARSEILLE DR. #304	
CITY-ST-ZIP	MIAMI Beach FL. 33141	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Jeong	
STREET ADDRESS	1960 MARSEILLE DR. #403	
CITY-ST-ZIP	MIAMI Beach FL. 33141	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREA GOTEILI	
STREET ADDRESS	1960 MARSEILLE DR. #401	
CITY-ST-ZIP	MIAMI Beach FL. 33141	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANUEL RODRIGUEZ	
STREET ADDRESS	1960 MARSEILLE DR. #303	
CITY-ST-ZIP	MIAMI Beach FL. 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

*Manuel Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/05 (305) 866-2387