

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757250

**FILED**  
**Mar 26, 2018**  
**Secretary of State**  
**CC188885192**

**Entity Name:** ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1601 SOUTH SURF ROAD  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

2626 E. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33306 US

**FEI Number: 59-2378393**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FOSTER, REBECCA  
2626 E. OAKLAND PARK BLVD  
FORT LAUDERDALE, FL 33306 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SDT  
Name FOSTER, REBECCA A  
Address 2626 E. OAKLAND PARK BLVD  
City-State-Zip: FORT LAUDERDALE FL 33306

Title VD  
Name LATINO, BOB  
Address 1601 SOUTH SURF ROAD  
City-State-Zip: HOLLYWOOD FL 33019

Title PD  
Name QUACKENBOSS, WILLIAM SR  
Address 1601 SOUTH SURF ROAD  
City-State-Zip: HOLLYWOOD FL 33019

Title D  
Name QUACKENBOSS, WILLIAM JR.  
Address 1601 SOUTH SURF ROAD  
City-State-Zip: HOLLYWOOD FL 33019

Title D  
Name SMITH, BILL  
Address 1601 SOUTH SURF ROAD  
City-State-Zip: HOLLYWOOD FL 33019

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WILLIAM QUACKENBOSS**

**PRESIDENT**

**03/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date