

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 23, 2015
Secretary of State
CC6047978888

Entity Name: ENCANTADA AT PEMBROKE PINES COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O FEIN & MELONI, ESQS.
900 S.W. 40TH AVENUE
PLANTATION, FL 33317

Current Mailing Address:

C/O FEIN & MELONI, ESQS.
900 S.W. 40TH AVENUE
PLANTATION, FL 33317

FEI Number: 65-0888213

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MELONI, EDOARDO ESQ.
900 S.W. 40TH AVENUE
PLANTATION, FL 33317 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 PD
Name MENDEZ, JOE
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title TREASURER
Name SIMONS, WILLIAM
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title DD
Name DUNN, GAYON
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title VD
Name ALOY, NELSON
Address C/O PINES PROPERTY MGMT
6941 SW 196 AVE, SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

Title SECRETARY
Name NILO, GIGI MACIEL
Address C/O PINES PROPERTY
MANAGEMENT, INC
6941 SW 196TH AVE SUITE 27
City-State-Zip: PEMBROKE PINES FL 33332

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: MENDEZ, JOE

PD

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date