2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9700000308

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Feb 11, 2016

Secretary of State

CC9682666975

Officer/Director Detail:

Title VP TREASURER Title DD

Name SIMONS, WILLIAM Name DUNN, GAYON

Address C/O PINES PROPERTY MGMT Address C/O PINES PROPERTY MGMT

6941 SW 196 AVE, SUITE 27 6941 SW 196 AVE, SUITE 27

City-State-Zip: PEMBROKE PINES FL 33332 City-State-Zip: PEMBROKE PINES FL 33332

Title PRESIDENT Title SECRETARY

Name ALOY, NELSON Name NILO, GIGI MACIEL

Address C/O PINES PROPERTY MGMT Address C/O PINES PROPERTY

6941 SW 196 AVE, SUITE 27 MANAGEMENT, INC

PEMBROKE PINES FL 33332 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: NELSON ALOY PRESIDENT 02/11/2016