

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 28 1996 8:00 am

Secretary of State

DOCUMENT # **757250** (6)

1. Corporation Name

ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business

Mailing Address

**1601 SOUTH SURF ROAD
HOLLYWOOD FL 33019**

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HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified

06/16/1981

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2378393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOSTER, REBECCA
3015 N. OCEAN BLVD.
STE 121
FT. LAUDERDALE FL 33308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
CHOMIAK, MICHAEL**
STREET ADDRESS **11440 NW 42ND ST.**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE

NAME **TD
ROHR, MARTIN**
STREET ADDRESS **5115 AVE TRANS ISL #200**
CITY-ST-ZIP **MONTREAL, QUEBEC, CND.**

TITLE ☐ DELETE

NAME **D
KLUG, MITCHELL**
STREET ADDRESS **600 SW 8TH STREET**
CITY-ST-ZIP **HALLANDALE FL**

TITLE ☐ DELETE

NAME **SD
FOSTER, REBECCA A.**
STREET ADDRESS **6094 VISTA LINDA LANE**
CITY-ST-ZIP **BOCA RATON FL**

TITLE ☐ DELETE

NAME **D
HARRIS, GLADYS**
STREET ADDRESS **28 DOGWOOD TRAIL**
CITY-ST-ZIP **RANDOLF NJ**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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4/28/96

CME

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Secretary
Rebecca Foster 3/12/96**

305-563-2444

CR2E037 (12/95)