

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757250

1. Entity Name

ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, I

Principal Place of Business

1601 SOUTH SURF ROAD
HOLLYWOOD FL 33019

Mailing Address

1601 SOUTH SURF ROAD
HOLLYWOOD FL 33019

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

59-2378393

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

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

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BARCIA, JOHN
STREET ADDRESS 3111 CARAMBOLA CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33066 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME LATINO, BOB
STREET ADDRESS 1601 SOUTH SURF ROAD
CITY-ST-ZIP HOLLYWOOD FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/2001

954-563-2444

Date

Daytime Phone #

CR2E037 (10/00)