

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

61.25

<b>DOCUMENT # 757250</b> 1. Entity Name <b>ENCHANTED ISLE RESORT CONDOMINIUM ASSOCIATION, INC.</b>						<div style="font-size: 1.2em;">07 MAY 25 11:56</div> <div style="font-size: 0.8em;">TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>1601 SOUTH SURF ROAD HOLLYWOOD, FL 33019</b>				Mailing Address <b>3015 N. OCEAN BLVD STE 121 FORT LAUDERDALE, FL 33308</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2378393</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b>  <b>FOSTER, REBECCA 3015 N. OCEAN BLVD. STE 121 FT. LAUDERDALE, FL 33308</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FOSTER, REBECCA A. 6094 VISTA LINDA LANE BOCA RATON, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT Foster, Rebecca A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 S. Surf Rd. Hollywood, FL 33019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LATINO, BOB <input type="checkbox"/> Delete 1601 SOUTH SURF ROAD HOLLYWOOD, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Latino, Bob 1601 South Surf Rd Hollywood, FL 33019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD QUACKENBOSS, WILLIAM <input type="checkbox"/> Delete 1601 SOUTH SURF ROAD HOLLYWOOD, FL 33019			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Quackenboss, William 1601 South Surf Rd Hollywood, FL 33019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD QUACKENBOSS, WILLIAM JR. <input type="checkbox"/> Delete 1601 SOUTH SURF ROAD HOLLYWOOD, FL 33019			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Quackenboss, Jr, William 1601 South Surf Rd Hollywood, FL 33019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Smith, Bill 1601 South Surf Rd Hollywood, FL 33019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>							
<b>SIGNATURE:</b> _____				Date _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <b>954.563.9444</b>			

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