F98000005237

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

HOME DEVCO/ENCLAVE, INC.

Principal Place of Business

101 WESTLAKE DRIVE **BOYNTON BEACH FL 33463** Mailing Address

101 WESTLAKE DRIVE

BOYNTON BEACH FL 33463

2. Principal Place of Business	3. Mailing Address
15340 Jog Koad	15340 Jog Road
Suite, Apt. #, etc.	Suite Apt. #, etc.
100	100
City & State	City & State



2. Principal F	Place of Business	3. Mailing Address	0 1		(INITER NOTE OF THE PRINT BY	(AO 61461 1001 1001
15,34 Suite, Apt.	0 200 KORD	15340 209	Load					
100	. #, etc.)	Suite Apt. #, etc.			טט	NOT WRITE IN THI	S SPACE	
City & Stat		City & State		, 4.	FEI Number	IEOEOOC	I	pplied For
Dela	zy Beach Florida	Delray Bear	ch. Flori	da	06-	1525886	N	lot Applicable
3344	Country 16 USA	33446	USA	5.	Certificate of Status	Desired	\$8.75 Ad Fee Require	
	6. Name and Address of Current Re	egistered Agent			Name and Address	of New Registere	d Agent	
C T COD	DODATION EVETEN		Name*	•	· · · · · · ·		r .	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address					(P.O. Box Number is Not Acceptable)			
PLANTAII	ION FL 33324							
,			City		 	F	Zip Cod	de
8. The above	named entity submits this statement for t	he purpose of changing its re	nistered office o	r registered ac	nent or both in the S	State of Florida		
	The state of the s	no purpose of energing no re	giotorea emice e	Togistered ag	gent, or both, in the t	state of Florida.		
SIGNATURE								
9'	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signa	ture required when r	reinstating)	DATE	:	
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.	00	45.51.11.0			
Tax filing	requirement and elects to do so.	After May 1, 2002	Fee will be \$	550.00	10. Election Can Trust Fund C	npaign Financing		00 May Be ed to Fees
(See crite	ria on back)	Make Check Payable	to Departmen	t of State	l do, r dina c	o.m.outon,	- Adde	u 10 1 003
11.	OFFICERS AND DI		12.	TTSA	DDITIONS/CHANGE	S TO OFFICERS AF		
TITLE	PD SWADTZ DICHADD	☐ Delete	TITLE	PD +	- Richard		(X) Change	☐ Addition
NAME STREET ADDRESS	SWARTZ, RICHARD 101 WESTLAKE DRIVE		NAME STREET ADDRESS	16346	z, Richard Jog Road,	Suite 100		1
CITY-ST-ZIP	BOYNTON BEACH FL 33463		CITY-ST-ZIP	Delra	Read	Florida	33446	, _
TITLE	S	□ Delete	TITLE	5 11 a	y beach	1 1 701 144	Change	Addition
NAME	PACOCHA, STEPHEN	Delete	NAME	Paced	ha. Steph	<i>e</i> n	Change	
STREET ADDRESS	101 WESTLAKE DRIVE		STREET ADDRESS	15340	Jog Roa	d	•	(
CITY-ST-ZIP	BOYNTON BEACH FL 33463		CITY-ST-ZIP	Delco	zu Beach	, FL 334	46	
TITLE	TD	Delete Delete	TITLE# -		والمستعدد الم		~_ ⊠ :Change	
NAME	STEINBERG, ANDREW		NAME	Stein	berg Andr	ew 1, Suite 10	Λ	
STREET ADDRESS CITY-ST-ZIP	101 WESTLAKE DRIVE BOYNTON BEACH FL 33463		STREET ADDRESS CITY-ST-ZIP	15 340	DOG KOR			
	DOTATION BEACTITE 30400			Dello	y beacl	1 FL 332		
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-\$T-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	(6)			☐ Change	Addition
NAME			NAME	""				
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME CIDEET ADDRESS		-			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
	pertify that the information supplied with th	is filling does not qualify for th		ed in Section	110.07/9V//\ Elovido	Statutan I further -		nformation
indicated	on this report or supplemental report is tri	ue and accurate and that my	e exemplion sial	ave the same	i ratur (a)(i), monda logal effect on if med	orarures. I further C	andry mat the fi	niormation

true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receive changed, or on an attachment