

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000007122

1. Entity Name
THE ENCLAVE AT CENTURY PARC HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business
300 ARAGON AVE.
STE. 210
MIAMI, FL 33134

Mailing Address
300 ARAGON AVE.
STE. 210
MIAMI, FL 33134



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1155888

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANCHEZ, P.A., JUAN
10251 SUNSET DRIVE
A 106
MIAMI, FL 33173

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P RAMIREZ, MIKE 200 SW 87TH PATH MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BERAZA, ERIC 8715 SW 2ND TERRACE MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ROMERO, JORGE 270 SW 87TH AVE. MIAMI, FL 33174
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/25/06-80010-021 61.25

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IN THIS SPACE**

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.

SIGNATURE: Michael G. K. PRES 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #