

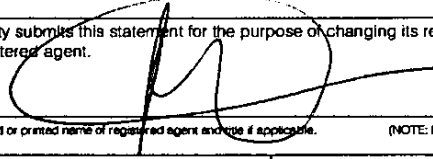
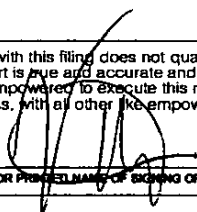


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90047 044 \*\*\*\*61.25

<b>DOCUMENT # N10610</b> 1. Entity Name <b>ENCORE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O COURTEY PROPERTY MGMT.</b> <b>13250 SW 143 AVE</b> <b>MIAMI, FL 33186</b>			Mailing Address <b>C/O COURTEY PROPERTY MGMT.</b> <b>13250 SW 143 AVE</b> <b>MIAMI, FL 33186</b>		
2. Principal Place of Business - No P.O. Box # <b>9200 SW 147 CT</b>		3. Mailing Address <b>PO Box 653637</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01112008 Chg-NP CR2E037 (12/06)	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>59-2652811</b>	
Zip <b>33196</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SKRLD, INC.</b> <b>201 ALHAMBRA CIRCLE, #1102</b> <b>CORAL GABLES, FL 33134</b>				7. Name and Address of New Registered Agent Name <b>Unite Property Mgmt</b> Street Address (P.O. Box Number is Not Acceptable) <b>11773 SW 34 ST</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33175</b>	
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  (NOTE: Registered Agent signature required when re-registering) DATE <b>4/14/08</b>					
<b>Filing Fee is \$81.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<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	PD ARTIGAS, NILDA 9057 SW 147 CT MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ, DAVID 9066 SW 147 CT MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA, BARBIE 9062 SW 148 CT MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, JASMIN 9239 SW 148 CT MIAMI, FL 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORTEGA, LUIS 9048 SW 148 CT MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ABREU, MARIA SOL 9113 SW 147 CT MIAMI, FL 33196 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERO, JORGE 14833 SW 90TH TERR MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRICENO, CIRIO A 9208 SW 147 CT MIAMI, FL 33196	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE <b>4/12/08</b>					