



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90084 004 ****61.25

DOCUMENT # N43700 1. Entity Name ENCINO VILLAS AT GRAND PALMS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027 US			Mailing Address 101 GRAND PALMS DRIVE PEMBROKE PINES, FL 33027 US		
2. Principal Place of Business - No P.O. Box # Miami Management 15805 SW 41 St.		3. Mailing Address 15805 SW 11 Street			
Suite, Apt. #, etc. 15805 SW 41 St.		Suite, Apt. #, etc. 15805 SW 11 Street		01042008 Chg-NP CR2E037 (12/06)	
City & State Pembroke Pines FL		City & State Pembroke Pines FL		4. FEI Number 65-0283173	
Zip 33027		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MIAMI MANAGEMENT INC 1189 SAWGRASS CORP PKY FORT LAUDERDALE, FL 33323			7. Name and Address of New Registered Agent Name Morgan Miller Street Address (P.O. Box Number is Not Acceptable) 1525 Encino Circle West City Pembroke Pines FL Zip Code 33027		
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: <u><i>Morgan Miller</i></u> DATE: <u>1/14/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENE, NANCY 1487 ENCINO CIRCLE WEST PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Covency, Barbara 1523 SW 151 AVENUE PEMBROKE PINES, FL 33027
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMAN, SANFORD 1489 SW 151 AVENUE PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete		T Miller, Morgan 1525 Encino Circle West PEMBROKE PINES, FL 33027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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: <u><i>SE [Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>10th Jan. 08</u> <small>Daytime Phone #</small>		