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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001596**

1. Corporation Name

ENCINO ESTATES HOMEOWNERS' ASSOCIATION, INC.

* 5 0 4 1 8 5 *
504185 - 90128 - 47

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PKWY. SUNRISE FL 33323	C/O MIAMI MANAGEMENT, INC. 1189 SAWGRASS CORPORATE PKWY. SUNRISE FL 33323

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/07/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0403450 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TRIAY, CARLOS
999 PONCE DE LEON BLVD
SUITE 1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	TD	☐ Change ☑ Addition
NAME	TYRELL, JACK		1.2 NAME	SOKOLOW, MARVIN	
STREET ADDRESS	1588 SW 151 AVENUE		1.3 STREET ADDRESS	15068 Encino Cir. S.	
CITY-ST-ZIP	PEMBORKE PINES FL		1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33027	
TITLE	VPD	☑ DELETE	2.1 TITLE	SD	☐ Change ☑ Addition
NAME	LEDERER, JOHN		2.2 NAME	Whitman, Shirley	
STREET ADDRESS	1640 SW 148 TERRACE		2.3 STREET ADDRESS	1608 SW 149 AVE	
CITY-ST-ZIP	PEMBORKE PINES FL		2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE	STD	☒ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	GOTHELF, SY		3.2 NAME	Kyne, James	
STREET ADDRESS	1648 SW 148 TERRACE		3.3 STREET ADDRESS	1610 SW 149 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL		3.4. CITY-ST-ZIP	PEMBROKE PINES, FL 33027	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/29/99 954-438-8167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #