

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001596

1. Entity Name

ENCINO ESTATES HOMEOWNERS' ASSOCIATION, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90156 018 ****61.25

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 33323-2847

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0403450

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOKOLON, MARVIN 15068 ENICO CIR S PEMBROKE PINES FL 33027	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITEMAN, SHIRLEY 1608 SW 149 AVE PEMBROKE PINES FL 33027	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYNE, JAMES 1610 SW 149 AVE PEMBROKE PINES FL 33027	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. ERVIN NADLER 1527 SW 151 AVE. PEMBROKE PINES FL. 33027	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RENEE GOTHOLF 1648 SW 148 TERR. PEMBROKE PINES FL. 33027	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DONNA KREHMEYER 1644 SW 148 TERR. PEMBROKE PINES FL. 33027	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ROSEMARIE HUFFORD 1604 SW 149 AVE. PEMBROKE PINES FL. 33027	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: X *Ervin Nadler* is Pres. 4-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)