

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90012 042 ****61.25

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1. Entity Name
ENCINO ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**C/O MIAMI MANAGEMENT, INC.
101 GRAND PALMS DR.
PEMBROKE PINES, FL 33027**

Mailing Address
**C/O MIAMI MANAGEMENT, INC.
101 GRAND PALMS DR.
PEMBROKE PINES, FL 33027**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0403450

Applied For
Not Applicable

Zip

Country

Zip

Country

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. 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 \$81.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 PD ☒ Delete
NAME NADLER, ERVIN
STREET ADDRESS 1527 SW 151 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE PD ☐ Change ☐ Addition
NAME Gothelf, Renee
STREET ADDRESS 1648 SW 148 Terrace
CITY-ST-ZIP pembroke pines, FL 33027

TITLE VPD ☐ Delete
NAME REIDY, JIM
STREET ADDRESS 1622 SW 149 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Delete
NAME MURPHY, GERRY
STREET ADDRESS 1607 SW 149 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE TD ☐ Change ☐ Addition
NAME Krindler, Ceil
STREET ADDRESS 1501 SW 149 Avenue
CITY-ST-ZIP pembroke pines, FL 33027

TITLE D ☒ Delete
NAME ANTONACCI, NICHOLAS
STREET ADDRESS 1605 SW 149 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE SD ☐ Change ☐ Addition
NAME moskowitz, Sandy
STREET ADDRESS 1514 SW 149 Avenue
CITY-ST-ZIP pembroke pines, FL 33027

TITLE D ☒ Delete
NAME TYRELL, JACK
STREET ADDRESS 1588 SW 151 AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33027

TITLE KD ☐ Change ☐ Addition
NAME Karp, Sookie
STREET ADDRESS 1506 1/2 SW 16 Street
CITY-ST-ZIP pembroke pines, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Renee Gothelf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-4-05 954-431-7835