

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001596

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: ENCINO ESTATES HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC.  
15805 SW 11 STREET  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

C/O GRAND PALMS  
15805 SW 11 STREET  
PEMBROKE PINES, FL 33027

## Current Mailing Address:

C/O MIAMI MANAGEMENT, INC.  
15805 SW 11 STREET  
PEMBROKE PINES, FL 33027

## New Mailing Address:

C/O GRAND PALMS  
15805 SW 11 STREET  
PEMBROKE PINES, FL 33027

FEI Number: 65-0403450

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

NACHMAN, IRVIN  
4441 STIRLING ROAD  
FT. LAUDERDALE, FL 33314 US

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: IRVIN NACHMAN

01/07/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: REIDY, JIM  
Address: 1622 SW 149 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: TD ( ) Delete  
Name: KRINDLER, CEIL  
Address: 1501 SW 149 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD ( ) Delete  
Name: MOSKOWITZ, SANDY  
Address: 1514 SW 149 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: PD ( ) Delete  
Name: GOTHOLF, RENEE  
Address: 1048 SW 148 TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33027

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: KRINDLER, CEIL  
Address: 1501 SW 149 AVE  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: SD (X) Change ( ) Addition  
Name: MILLER, MORGAN  
Address: 1525 ENCINO CIRCLE WEST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENEE GOTHOLF

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date