

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 08, 2005 8:00 am
Secretary of State**

04-08-2005 90031 020 ****61.25

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01062005 Chg-NP CR2E037 (10/03) --

DOCUMENT # N94000005428		
1. Entity Name ENCHANTED GROVE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2821 DAY AVENUE MIAMI, FL 33133 US		Mailing Address C/O CPM CORP. 170 OCEAN LN. DR. KEY BISCAYNE, FL 33149 US
2. Principal Place of Business		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
6. Name and Address of Current Registered Agent CERTIFIED PROPERTY MGT. CORP 170 OCEAN LANE DR KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> (NOTE: Registered Agent signature required when reinstating) DATE		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees <input type="checkbox"/> 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		<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>M. S. Agard</i>		Date 2-28-05 Daytime Phone # 305-361-9882
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		