

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90043 034 ****61.25

DOCUMENT # N99000004665

1. Entity Name

**ENCLAVE WATERSIDE VILLAS CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**2160-2170 BAY DRIVE WEST
MIAMI BEACH, FL 33141**

Mailing Address

**3527 NE 168 STREET
404
NORTH MIAMI BEACH, FL 33160**



01212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0935745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOPER, DAVID B
3527 NE 168 STREET
404
NORTH MIAMI BEACH, FL 33160**

**DO NOT WRITE
IN THIS SPACE**

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 of person named as registered agent and title. Date filed.

Printed name of registered agent and title.

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CELENEALBANO, SUSANA
STREET ADDRESS 2160-2170 BAY DR WEST # 14
CITY ST ZIP MIAMI BEACH, FL 33141

TITLE TD
NAME FORTUNY, JUAN
STREET ADDRESS 750 SANTURCE AVE
CITY ST ZIP CORAL GABLES, FL 33141

TITLE SD
NAME MARTIN, SEAN
STREET ADDRESS 2170 BAY DRIVE W #22
CITY ST ZIP MIAMI BEACH, FL 33141

TITLE
NAME
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CITY ST ZIP

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TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/08

305-377-0034