

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL -3 AM 8:32

DOCUMENT # P94000082420 (8)

1. Corporation Name

ENCLAVE AT THE FOUNTAINS, INC.

Principal Place of Business

135 S.E. FIFTH AVE., SUITE 200
DELRAY BEACH FL 33483

Mailing Address

135 S.E. FIFTH AVE., SUITE 200
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

2a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

2b. Mailing Address

29 Suite, Apt. #, etc.

30 City & State

31

4. FEI Number

65-053441

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVE., SUITE 800
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Steven R. Paxon, V.P.

6/28/95

12. OFFICERS AND DIRECTORS

1 NAME
D EISENROD, SOLOMON
135 S.E. FIFTH AVE., SUITE 200
DELRAY BEACH FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14 NAME

15 STREET ADDRESS

16 CITY, ST, ZIP

17 NAME

18 STREET ADDRESS

19 CITY, ST, ZIP

20 NAME

21 STREET ADDRESS

22 CITY, ST, ZIP

23 NAME

24 STREET ADDRESS

25 CITY, ST, ZIP

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

29 NAME

30 STREET ADDRESS

31 CITY, ST, ZIP

REMITTED BY MAY

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(k), Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation, the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: X

[Signature]
NAME OF SIGNING OFFICER OR DIRECTOR

X 312195 X (407) 274-7117