

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000043901

1. Entity Name

ENCLAVE AT BOYNTON WATERS CORPORATION

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90016 022 ***158.75

Principal Place of Business

4950 NORTH DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

Mailing Address

4950 NORTH DIXIE HIGHWAY
SUITE A
FORT LAUDERDALE FL 33334

2. Principal Place of Business

6849 Cobia Circle

3. Mailing Address

6849 Cobia Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach FL

City & State

Boynton Beach FL

Zip

33437

Country

Zip

33437

Country

4. FEI Number

65-0747755

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNELLY, JOHN S ESQ.

6849 COBIA CIRCLE

BOYNTON BEACH FL 33437

Name

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

City

B

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KENNELLY, JOHN B
STREET ADDRESS 4950 N. DIXIE HIGHWAY, SUITE A
CITY-ST-ZIP FORT LAUDERDALE FL 33334

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John B. Kennelly
President

Date

4/24/01

Daytime Phone #

561-
369-2345

CR2E034 (10/00)