FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION -ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000074836 1. Corporation Name

ENCLAVE VILLAS, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90204 025 ***150.00

	•				
Principal Place	of Business	Mailing Address	•	(62)(63) (10)2(0) (4(4) 05)((44(4) 06))(44)	It lääll älääl išiaa iriia aisi iasi
	ORE DRIVE SUITE 1250	2601 S. BAYSHORE DRIVE	SUITE 1250		
MIAML EL-33133 MIAML FL 33133				DO NOT WRITE IN THIS SPACE	
545	·	•		3. Date Incorporated or Qualifed	,
1	Closhigoldstein			08/27/1998	
2. Principal Pl	lace of Business	2a. Mailing Address	Gigar # Au	4. FEI Number 65-0864-542	Applied For Not Applicable
	#, etc.	Suite, Apt. #, etc.	. = -	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	/	City & State	Aradi	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	ntangible
24 22/	39 25 DADE		30 DAde	Personal Property Tax.	XŽ Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registere	d Agent
			81 Name L	Roy Goldstein	
FREEMAN, KUBERLA 82 Street Addres				ress (P.V. Box Number is Npt Acceptable)	A /
	S. BAYSHORE DRIVE SUITE 12	250		575 Michig	AN' 1
MHAN	AT FL 33133		83	•	
			84 City	7	85 Zip Code
	0.70	2 - 1 007 4500 Flatida Chatada	the above period one	poration submits this statement for the purpose	of changing its registered
11, Pursuant office or r	to the provisions of Sections 607.050. egistered agent, or both, in the State	of Florida. Such change was at	thorized by the corporati	ion's board of directors. I hereby accept the app	ointment as registered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Statutes.	1/10/90	
SIGNATURE	Signature, yped or printed name of registered egen	t and title if applicable. (NO E:	Registered Agent signature require	ed when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	0	☐ DELETE	1.1 TITLE		
NAME	FREEMAN, ROBERTA		1.2 NAME		
					\
STREET ADDRESS	2601 S. BAYSHORE DRIVE SU	JITE 1250	1.3 STREET ADDRESS		
STREET AODRESS CITY-ST-ZIP	2601 S. BAYSHORE DRIVE SU MIAMHFL 33133		1.4 CITY-ST-ZIP		Change
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CITY-ST-ZIP	_		1.4 CITY-ST-ZIP	trished Leby Coldstein Sys michigan Are. Suite	Channe Maddition
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14. 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 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; that I am an officer or director of the corporation or the receiver or prostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SAPER REDUKED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR