

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V74240** (5)

1. Corporation Name

THE ENCLAVE AT SILVER LAKES, INC.

Principal Place of Business

**910 N.W. 179TH AVENUE
PEMBROKE PINES FL 33029
US**

Mailing Address

**910 N.W. 179TH AVENUE
PEMBROKE PINES FL 33029
US**



3. Date Incorporated or Qualified
10/23/1992

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

21 **1240 S.W. 177 Terrace**

Suite, Apt. #, etc.

22

City & State

23 **Pembroke Pines, FL**

Zip

24 **33029**

Country

25 **USA**

2a. Mailing Address

26 **1240 S.W. 177 Terrace**

Suite, Apt. #, etc.

27

City & State

28 **Pembroke Pines, FL**

Zip

29 **33029**

Country

30 **USA**

4. FEI Number
65-0371773

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

**HODKIN, PETER M
2200 W COMMERCIAL BLVD
SUITE 302
FORT LAUDERDALE FL 33309**

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 607.1508, 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

Signature typed or printed name of registered agent and the date of signature

NOTE: Registered Agent signature is required when filing a statement

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ZUCKERMAN, DAVID**
STREET ADDRESS **1201 S.W. 102ND AVE**
CITY- ST- ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ DELETE
NAME **ZUCKERMAN, ANDREW**
STREET ADDRESS **1201 S.W. 102ND AVE**
CITY- ST- ZIP **PEMBROKE PINES FL 33025**

TITLE **D** ☐ DELETE
NAME **LEVY, MICHAEL**
STREET ADDRESS **16855 N.E. 2ND AVE SUITE 101**
CITY- ST- ZIP **NORTH MIAMI BEACH FL 33162**

TITLE **D** ☐ DELETE
NAME **LEVY, RONALD**
STREET ADDRESS **1550 NE MIAMI GARDENS DRIVE**
CITY- ST- ZIP **NORTH MIAMI BEACH FL 33179**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trustee 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 (954) 431-1213
Date: 5/1/96 District Phone: (954) 431-1213

CR2E034 (12/95)