

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

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90033 044 \*\*\*150.00

DOCUMENT # V74240

1. Corporation Name

THE ENCLAVE AT SILVER LAKES, INC.



Principal Place of Business  
1240 S.W. 177 TERRACE  
PEMBROKE PINES FL 33029  
US

Mailing Address  
1240 S.W. 177 TERRACE  
PEMBROKE PINES FL 33029  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1992

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 1233 SW 177 Terr  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1233 SW 177  
Suite, Apt. #, etc.

22 City & State  
23 Pembroke Pines FL

27 City & State  
28 Pembroke Pines FL

24 Zip 33029 25 County FLA

29 Zip 33029 30 County FLA

9. Name and Address of Current Registered Agent

HODKIN, PETER M  
2101 W COMMERCIAL BLVD  
#4100  
FORT LAUDERDALE FL 33309

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	ZUCKERMAN, DAVID	1240 S.W. 177 TERRACE	PEMBROKE PINES FL 33029	<input type="checkbox"/>
D	ZUCKERMAN, ANDREW	1240 S.W. 177 TERRACE	PEMBROKE PINES FL 33029	<input type="checkbox"/>
D	ZUCKERMAN, STEVEN	1240 SW 177TH TERR	PEMBROKE PINES FL 33029	<input type="checkbox"/>
D	ZUCKERMAN, MELVIN	1240 SW 177TH TERR	PEMBROKE PINES FL 33029	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
		1233 SW 177 Terr	Pembroke Pines, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
		1233 SW 177 Terr	Pembroke Pines, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
		1233 SW 177 Terr	Pembroke Pines, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
		1233 SW 177 Terr	Pembroke Pines, FL 33029	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)