


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90576 024 ****61.25

DOCUMENT # N02000006291

1. Entity Name
THE ENCLAVE HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.



Principal Place of Business
**6767 N. WICKHAM ROAD
 SUITE 500
 MELBOURNE, FL 32940**

Mailing Address
**6767 N. WICKHAM ROAD
 SUITE 500
 MELBOURNE, FL 32940**

2. Principal Place of Business
ENCL 1322 HIDEAWAY LN

3. Mailing Address
1322 HIDEAWAY LANE

Suite, Apt. #, etc.


City & State
ROCKLEDGE, FL

City & State
ROCKLEDGE, FL

Zip
32955 Country
USA

Zip
32955 Country

40030036



04132005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0865216 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**ADVANCED PROPERTY MGMT.
 6767 N WICKHAM RD.
 STE. 213
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent
 Name **FRANK R BRADLEY**
 Street Address (P.O. Box Number is Not Acceptable)
1322 HIDEAWAY LANE
 City **ROCKLEDGE** **FL** Zip Code **32955**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank R Bradley* **FRANK R BRADLEY DTS** **4/16/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is **\$61.25** Due by **May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARIN, DAVID 6767 N. WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHN WINDOM 1322 ENCLAVE DR ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MOSER, GARY 6767 N. WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CHUCK REED 1326 ENCLAVE DR ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.V.T. BAR-NAVON, BOAZ 6767 N. WICKHAM ROAD SUITE 500 MELBOURNE, FL 32940	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.T.S. FRANK BRADLEY 1322 HIDEAWAY LANE ROCKLEDGE, FL 32955	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank R Bradley* **4/16/05** **321 504 0810**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #