


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 8:00 am**  
**Secretary of State**

01-08-2007 90251 021 \*\*\*\*61.25

DOCUMENT # N02000006291			
1. Entity Name THE ENCLAVE HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.			
Principal Place of Business 1322 HIDEAWAY LN ROCKLEDGE, FL 32955		Mailing Address 1322 HIDEAWAY LN ROCKLEDGE, FL 32955	
2. Principal Place of Business - No P.O. Box # 1390 Enclave Dr.		3. Mailing Address P.O. Box 561564	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Rockledge FL		City & State Rockledge FL	
4. FEI Number 20-0865216		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01062007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent BRADLEY, FRANK R 1322 HIDEAWAY LN ROCKLEDGE, FL 32955		7. Name and Address of New Registered Agent Name: David Slaiman Street Address (P.O. Box Number is Not Acceptable): 1390 Enclave Dr. 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: <i>David Slaiman</i> David Slaiman		1/6/07	
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, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 WINDOM, JOHN 1322 ENCLAVE DR ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David Slaiman 1390 Enclave Dr. Rockledge FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV REED, CHUCK 1326 ENCLAVE DR ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Edwin Burleigh 1362 Enclave Dr. Rockledge FL 32955 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTS BRADLEY, FRANK 1322 HIDEAWAY LN ROCKLEDGE, FL 32955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Daniel Speed 1381 Hideaway LA. Rockledge FL 32955 <input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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: <i>David Slaiman</i> David Slaiman		1/6/07 321-501-3561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	