

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006291

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

1390 ENCLAVE DR
ROCKLEDGE, FL 32955

New Principal Place of Business:

1371 HIDEAWAY LN
ROCKLEDGE, FL 32955

Current Mailing Address:

P.O. BOX 561564
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 20-0865216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SLAIMAN, DAVID
1390 ENCLAVE DR.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

BURKE, JOHN
1371 HIDEAWAY LN
ROCKLEDGE, FL 32955 US

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.

SIGNATURE: JOHN BURKE

04/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLAIMAN, DAVID
Address: 1390 ENCLAVE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV () Delete
Name: BURLEIGH, EDWIN
Address: 1362 ENCLAVE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DTS () Delete
Name: SPEED, DANIEL
Address: 1381 HIDEAWAY L.A.
City-St-Zip: ROCKLEDGE, FL 32955

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BURKE, JOHN
Address: 1371 HIDEAWAY LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV (X) Change () Addition
Name: EBBS, CHRISTOPHER
Address: 1315 ENCLAVE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT (X) Change () Addition
Name: BRADLEY, JODI
Address: 1322 HIDEAWAY LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS () Change (X) Addition
Name: BOLES, DEBRA
Address: 1361 HIDEAWAY LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS () Change (X) Addition
Name: PRANO, GREGORY
Address: 1311 ENCLAVE DR
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN BURKE

D

04/17/2009

Electronic Signature of Signing Officer or Director

Date