

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006291

FILED
May 01, 2010
Secretary of State

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

Current Principal Place of Business:

1371 HIDEAWAY LN
ROCKLEDGE, FL 32955

New Principal Place of Business:

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BURKE, JOHN
Address: 1371 HIDEAWAY LN
City-St-Zip: ROCKLEDGE, FL 32955

Title: DV
Name: EBBS, CHRISTOPHER
Address: 1315 ENCLAVE DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: DS
Name: PRANO, GREGORY
Address: 1311 ENCLAVE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: DT
Name: BOLES, DEBRA
Address: 1361 HIDEAWAY LN
City-St-Zip: ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

SIGNATURE: DEBBIE BOLES

DT

05/01/2010

Electronic Signature of Signing Officer or Director

Date