

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006291

FILED  
Jun 14, 2011  
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 ( )

**Name and Address of Current Registered Agent:**

BURKE, JOHN  
1371 HIDEAWAY LN  
ROCKLEDGE, FL 32955      US

**Name and Address of New Registered Agent:**

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: DEBRA S. BOLES

DT

06/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date