

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006291

**FILED**  
**Mar 05, 2012**  
**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:**

ADVANCED PROPERTY MANAGEMENT, INC  
1978 US 1  
SUITE 106  
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: VAN MOORE

03/05/2012

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: VAN MOORE

RA

03/05/2012

Electronic Signature of Signing Officer or Director

Date