


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-29-2008 90025 018 ****61.25

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1. Entity Name
ENCLAVE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**4916 SW 19TH PLACE
 CAPE CORAL, FL 33914**

Mailing Address
**4916 SW 19TH PLACE
 CAPE CORAL, FL 33914**

2. Principal Place of Business - No P.O. Box #
4920 SW 19th Place

3. Mailing Address
4920 SW 19th Place

Subs. Apt. #, etc.

City & State
CAPE CORAL, FLA

City & State
CAPE CORAL, FLA

Zip
33914

Country
USA



02252008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SENATORE, THOMAS J
 4916 SW 19TH PLACE
 CAPE CORAL, FL 33914**

7. Name and Address of New Registered Agent

Name
MARY Repetto

Street Address (P.O. Box Number is Not Acceptable)
4920 SW 19th Place

City
CAPE CORAL

FL Zip Code
33914

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 *Mary Repetto Treasurer* **2-26-08**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is **\$61.25**
 Due by **May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENATORE, THOMAS 4916 SW 19TH PLACE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASSINI, JACKIE 4928 SW 19TH PL CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTTON, LYNN 4928 SW 19TH PL CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARY Repetto <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4920 SW 19th Place (Treasurer) CAPE CORAL, FLA 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Shockness <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4917 SW 20th Ave (Vice President) CAPE CORAL, FLA 33914
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK SURMEIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6141 HIGHBANKS RD (Secretary) MASSCOTTAL, IL 62258
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"/> Change <input type="checkbox"/> Addition
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.

Mark Surmeier