2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# N03000004732

Entity Name: ENCLAVE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4920 SW 19TH PLACE
CAPE CORAL, FL 33914

New Principal Place of Business:

4928 SW 19TH PLACE
CAPE CORAL, FL 33914

Current Mailing Address:

4916 SW 19TH PLACE
CAPE CORAL, FL 33914

New Mailing Address:

1442 EL DORADO PARKWAY WEST
CAPE CORAL, FL 33914

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REPETTO, MARY
4920 SW 19TH PLACE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

MITCHELL, BONNIE M
1442 EL DORADO PARKWAY WEST
CAPE CORAL, FL 33914 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: BONNIE MITCHELL 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: REPETTO, MARY
Address: 4920 SW 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: VP ( ) Delete
Name: SHOCKNESS, WILLIAM
Address: 4917 SW 20TH AVE
City-St-Zip: CAPE CORAL, FL 33914

Title: S ( ) Delete
Name: SURMEIER, MARK
Address: 6141 HIGH BANKS RD
City-St-Zip: MASCOUTAH, IL 62258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MITCHELL, BONNIE M
Address: 1442 EL DORADO PARKWAY WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: T (X) Change ( ) Addition
Name: GILL, MATTHEW
Address: 4936 SW 19TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BONNIE MITCHELL P 02/24/2009
Electronic Signature of Signing Officer or Director Date