2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010962

FILED Jun 07, 2004 Secretary of State

Entity Name: THE ENCLAVE AT WINDSOR HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4901 VINELAND ROAD., SUITE 500 2180 WEST SR 434 ORLANDO, FL 32811 SUITE 5000 LONGWOOD, FL 32779 **Current Mailing Address:** New Mailing Address: 2180 WEST SR 434 4901 VINELAND ROAD., SUITE 500 ORLANDO, FL 32811 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 32-0116470 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DUNCAN, JUDITH HART, JAMES W JR 4901 VINÉLAND ROAD., SUITE 500 C/O SENTRY MANAGEMENT 2180 WEST SR 434 STE 5000 ORLANDO, FL 32811 LONGWOOD, FL 32779 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: JAMES W HART JR 06/07/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PUVOGEL, DOUGLAS W Name: Name: 4901 VINELAND ROAD., SUITE 500 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: BUTLER, CHRIS Name: Address: 4901 VINELAND ROAD., SUITE 500 Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip: Title: STD () Delete Title: () Change () Addition DUNCAN, JUDITH Name: Name: 4901 VINELAND ROAD., SUITE 500 Address: Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS W PUVOGEL PD 06/07/2004