

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010962

FILED
Apr 07, 2009
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 32-0116470

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
C/O SENTRY MANAGEMENT
2180 WEST SR 434 STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 STE 5000
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

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMSON, THOMAS D
Address: 4901 VINELAND ROAD., SUITE 500
City-St-Zip: ORLANDO, FL 32811

Title: STD () Delete
Name: CABRERA, DIANA
Address: 4901 VINELAND ROAD SUITE 500
City-St-Zip: ORLANDO, FL 32811

Title: VPD () Delete
Name: COVELL, RICHARD
Address: 4901 VINELAND ROAD SUITE 500
City-St-Zip: ORLANDO, FL 32811

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: VAZZANA, JAMES
Address: 2151 KINGSBOROUGH DR
City-St-Zip: PAINESVILLE, OH 44077

Title: VPD (X) Change () Addition
Name: SIERRA, RENE
Address: 8 PAYEUR CIR
City-St-Zip: FALMOUTH, ME 04106

Title: SD (X) Change () Addition
Name: QUINN, DEANNA
Address: 9206 STONEY MTN DR
City-St-Zip: CHATTNOOGA, TN 37421

Title: TD () Change (X) Addition
Name: SCHAEFFER, DAVID
Address: 2246 SOUTHARD AVE
City-St-Zip: SEAFORD, NY 11783

Title: D () Change (X) Addition
Name: PYLE, TERRY
Address: 2 LONDON WY
City-St-Zip: AVONDALE, PA 19311

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: JAMES VAZZANA

PD

04/07/2009

Electronic Signature of Signing Officer or Director

Date