


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90047 004 ****61.25

DOCUMENT # N05000004512

1. Entity Name
ENCLAVE AT THE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**20690 NW 15TH AVENUE
 MIAMI GARDENS, FL 33169**

Mailing Address
**20690 NW 15TH AVENUE
 MIAMI GARDENS, FL 33169**

40004923



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
20-2833463

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GLAZER AND ASSOCIATES, P.A.
 1920 E. HALLANDALE BEACH BLVD
 HALLANDALE, FL 33009**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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 P LEWIS, ELISHIA	<input type="checkbox"/> Delete
STREET ADDRESS 20520 NW 15TH AVE. #217	
CITY-ST-ZIP MIAMI GARDENS, FL 33169	
TITLE NAME VP CASTILLO, FREDDY	<input type="checkbox"/> Delete
STREET ADDRESS 4985 SW 159TH AVE	
CITY-ST-ZIP MIRAMAR, FL 33027	
TITLE NAME T BRUN, GREGORY	<input type="checkbox"/> Delete
STREET ADDRESS 20520 NW 15TH AVE #124	
CITY-ST-ZIP MIAMI GARDENS, FL 33169	
TITLE NAME SEC ERYXIMACO, MOLINA	<input type="checkbox"/> Delete
STREET ADDRESS 20520 NW 15TH AVE #228	
CITY-ST-ZIP MIAMI GARDENS, FL 33169	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS MUFUTAU Murphy Folorunsho	
CITY-ST-ZIP 20690 NW 15th AVE. MIAMI GARDENS, FL 33169	
TITLE NAME VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NADEGE PEATEAU	
CITY-ST-ZIP 20690 NW 15th AVE. MIAMI GARDENS, FL 33169	
TITLE NAME SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS NICOLE DIXON	
CITY-ST-ZIP 20520 NW 15th AVE #122 MIAMI GARDENS, FL 33169	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

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 information.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #