

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000012354

1. Entity Name
ENCLAVE AT IMPERIAL LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 3020 S FLORIDA AVE SUITE 101
 LAKELAND, FL 33803

Mailing Address
 3020 S FLORIDA AVE SUITE 101
 LAKELAND, FL 33803



01242007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4112079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, ROBERT J
 3020 S FLORIDA AVE SUITE 101
 LAKELAND, FL 33803

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

400000632185
 02/21/07-80012-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ADAMS, D JOEL 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ADAMS, ROBERT J 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDSEY, GEORGE M III 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33803
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/07 (803) 619-7103