

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05030

FILED
Apr 28, 2005
Secretary of State

Entity Name: THE ENCLAVE AT ORLANDO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6165 CARRIER DRIVE
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

6165 CARRIER DRIVE
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-2709091 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

INTEGRA RESORT MANAGEMENT
6165 CARRIER DRIVE
ATTN: JOHN GORDON
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: COSTA, JOSEPH
Address: 508 TETHER LANE
City-St-Zip: PARAMUS, NJ 07652

Title: PD () Delete
Name: MAHN, ED
Address: 31 CHURCH STREET
City-St-Zip: FLEMINGTON, NJ 08822

Title: VP () Delete
Name: MICHELLI, THOMAS
Address: 3 NORTHWOODS ROAD
City-St-Zip: ASBURY PARK, NJ 07712

Title: S () Delete
Name: ENG, CONNIE
Address: 85 WEST BANK LANE
City-St-Zip: STAMFORD, CT 06902

Title: D () Delete
Name: EDWARDS, TED
Address: 123 HILLCREST RD.
City-St-Zip: FLEMINGTON, NJ 08822

Title: D () Delete
Name: GIRARDI, GIULIO
Address: 125 OVERLOOK TERRACE
City-St-Zip: STATEN ISLAND, NY 10305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: ED MAHN

PD

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date