

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05030

FILED  
Feb 12, 2008  
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:**

ENCLAVE SUITES AT ORLANDO  
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 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: JOHN GORDON

Electronic Signature of Signing Officer or Director

MGR

02/12/2008

Date