2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06976

FILED Apr 28, 2008 Secretary of State

Entity Name: THE ENCLAVE OF PALM BEACH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 3170 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 3170 SOUTH OCEAN BLVD. PALM BEACH, FL 33480 FEI Number: 59-2495222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: PARKER, BILLY L PARKER, BILLY L 3170 S. OCEAN BLVD. 3170 S.OCEAN BLVD. OFFICE OFFICE PALM BEACH, FL 33480 US PALM BEACH, FL 33480 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: 04/28/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition NILOFF, PAUL DR. Name: Name: 3170 S OCEAN BLVD APT N406 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition BOTVIN, BURTON Name: Name: Address: 3170 S OCEAN BLVD APT N401 Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition SHAPIRO, NORMA Name: Name: 3170 S OCEAN BLVD APT N601 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LAMPERT, ALAN Name: 3170 S OCEAN BLVD APT S605 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition MONTE, HAYMON Name: Name: 3170 S OCEAN BLVD APT N606 Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: Title: () Delete Title: () Change () Addition COOK, J MICHAEL Name: Name: Address: 3170 S. OCEAN BLVD APT S503 Address: PALM BEACH, FL 33480 City-St-Zip: 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: ALAN LAMPERT PRES 04/28/2008