

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2009  
Secretary of State**

DOCUMENT# N07000001556

**Entity Name:** ENCLAVE AT THREE HUNDRED HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1702 SOUTH WASHINGTON AVE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1702 SOUTH WASHINGTON AVE  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 30-0443352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EVANS, JOHN H  
1702 SOUTH WASHINGTON AVE  
TITUSVILLE, FL 32780 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: DP ( ) Delete  
Name: VEGA, FRANK  
Address: 2605 CALIFORNIA ST  
City-St-Zip: SAN FRANCISCO, CA 94115

Title: VPSD ( ) Delete  
Name: VEGA, LINDA A  
Address: 2605 CALIFORNIA ST  
City-St-Zip: SAN FRANCISCO, CA 94115

Title: VPTD ( ) Delete  
Name: WHITNEY, BARBARA  
Address: 190 PINELLAS LANE, APT 406  
City-St-Zip: COCOA BEACH, FL 32931

**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:

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: LINDA VEGA

VPSD

02/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date