


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-07-2006 90005 035 ****70.00

DOCUMENT # N05000008295					
1. Entity Name THE ENCLAVE AT ISLES AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 730 N.W. 107 AVENUE FOURTH FLOOR MIAMI, FL 33172			Mailing Address 730 N.W. 107 AVENUE FOURTH FLOOR MIAMI, FL 33172		
2. Principal Place of Business		3. Mailing Address 13055 SW 42nd Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 203			
City & State		City & State Miami, Florida			
Zip	Country	Zip	Country	4. FEI Number 20-3320553	
33175				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PATRICIA KIMBALL FLETCHER, P.A. 730 N.W. 107 AVENUE FOURTH FLOOR MIAMI, FL 33172			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENDERSON, MERCEDES	NAME			
STREET ADDRESS	730 N.W. 107 AVENUE FOURTH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCPHERSON, GREG	NAME			
STREET ADDRESS	730 N.W. 107 AVENUE FOURTH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AVILA, MIGUEL	NAME			
STREET ADDRESS	730 N.W. 107 AVENUE FOURTH FLOOR	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33172	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <i>Mercedes Henderson</i>		Date: <i>1/9/06</i>		Deputy Phone: <i>305-559-1951</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					