2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State
02-29-2008 90025 018 ****61.25

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1. Entity Name
ENCLAVE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4916 SW 19TH PLACE CAPE CORAL, FL 33914	4916 SW 19TH PLACE CAPE CORAL, FL 33914

02252008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4920 SW 19th PLACE	4920 SW 19th PLACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CORAL, FLA	City & State: Cape Coral, FLA
Zip: 33914 Country: USA	Zip: 33914 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SENATORE, THOMAS J 4916 SW 19TH PLACE CAPE CORAL, FL 33914	Name: MARY Repetto Street Address (P.O. Box Number is Not Acceptable): 4920 SW 19th PLACE City: CAPE CORAL FL Zip Code: 33914

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: Mary C Repetto Treasurer 2-26-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENATORE, THOMAS 4916 SW 19TH PLACE CAPE CORAL, FL 33914	☒ Delete	TITLE TREA NAME MARY Repetto STREET ADDRESS 4920 SW 19th PLACE CITY-ST-ZIP CAPE CORAL, FLA 33914	☒ Change ☐ Addition (TREASURER)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ASSINI, JACKIE 4928 SW 19TH PL CAPE CORAL, FL 33914	☒ Delete	TITLE NAME William Shockness STREET ADDRESS 4917 SW 20th AVE CITY-ST-ZIP CAPE CORAL, FLA 33914	☒ Change ☐ Addition (VICE PRESIDENT)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUTTON, LYNN 4928 SW 19TH PL CAPE CORAL, FL 33914	☒ Delete	TITLE NAME MARK SURMEIER STREET ADDRESS 6141 HIGHBANKS RD CITY-ST-ZIP MASCOUTAH IL 62258	☒ Change ☐ Addition (SECRETARY)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Mark C Surmeier