2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005355

FILED Apr 28, 2008 Secretary of State

Entity Name: THE ENCLAVE AT MOSS PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

LELAND MANAGEMENT

8009 S. ORANGE AVE

5955 T.G. LEE BLVD., SUITE 300

OPLANDO EL 32809

ORLANDO, FL 32809 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

LELAND MANAGEMENT

8009 S. ORANGE AVE

ORLANDO, FL 32809

C/O LELAND MANAGEMENT
5955 T.G. LEE BLVD., SUITE 300
ORLANDO, FL 32822

FEI Number: 33-1121539 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LELAND MANAGEMENT

8009 S ORANGE AVENUE

ORLANDO, FL 32809 US

LELAND MANAGEMENT

5955 T.G. LEE BLVD.

SUITE 300

ORLANDO FL 32823 LIS

ORLANDO, FL 32822 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: REBECCA FURLOW 04/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: DANOS, DON Name: RABATIN, ROBERTA

Address: 2600 MAITLAND CENTER PKWY - SUITE 200 Address: 2600 MAITLAND CENTER PKWY - SUITE 200

City-St-Zip: MAITLAND, FL 32751 City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete Title: () Change () Addition

 Name:
 SMALL, PETER N
 Name:

 Address:
 2600 MAITLAND CENTER PKWY - SUITE 200
 Address:

 City-St-Zip:
 MAITLAND, FL 32751
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 GARGASZ, NICK
 Name:

 Address:
 2600 MAITLAND CENTER PKWY - SUITE 200
 Address:

 City-St-Zip:
 MAITLAND, FL 32751
 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: ROBERTA RABATIN PD 04/28/2008