

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05-28-2008 90013 005 *****70.00
N05000008295

FILED

08 MAY 30 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05152008 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000008295 1. Entity Name THE ENCLAVE AT ICLES AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O M & E ASSOCIATES OF MIAMI, INC. 13055 SW 42ND ST SUITE 203 MIAMI, FL 33175			Mailing Address 13055 SW 42 STREET SUITE 203 MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-3320553	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SKRLD, INC. 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL, FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 reinstating) DATE</small>					
Amended AR is \$61.25		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	P	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HONDA, MAGGI		NAME	Brent Graef	
STREET ADDRESS	22432 SW 93 PASSAGE		STREET ADDRESS	22778 SW 94 Path	
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP	Miami, FL 33190	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESPINOSA, RENE		NAME		
STREET ADDRESS	9414 SW 224 TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRENDERGAST, LINDA		NAME		
STREET ADDRESS	22535 SW 94 PL		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGLESIAS, AXEL		NAME		
STREET ADDRESS	22441 SW 93 PASSAGE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33190		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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					