

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008295

FILED  
Feb 16, 2009  
Secretary of State

**Entity Name:** THE ENCLAVE AT ISLES AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

C/O M & E ASSOCIATES OF MIAMI, INC.  
13055 SW 42ND ST SUITE 203  
MIAMI, FL 33175

## New Principal Place of Business:

C/O M & E ASSOCIATES OF MIAMI, INC.  
13055 SW 42 STREET, SUITE 203  
MIAMI, FL 33175

## Current Mailing Address:

13055 SW 42 STREET  
SUITE 203  
MIAMI, FL 33175

## New Mailing Address:

C/O M & E ASSOCIATES OF MIAMI, INC.  
13055 SW 42 STREET, SUITE 203  
MIAMI, FL 33175

FEI Number: 20-3320553

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SKRLD, INC.  
201 ALHAMBRA CIRCLE,  
SUITE 1102  
CORAL GABLES, FL, FL 33134 US

## Name and Address of New Registered Agent:

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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:

02/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: HONDA, MAGGI  
Address: 22432 SW 93 PASSAGE  
City-St-Zip: MIAMI, FL 33190

Title: VP ( ) Delete  
Name: ESPINOSA, RENE  
Address: 9414 SW 224 TERRACE  
City-St-Zip: MIAMI, FL 33190

Title: S ( ) Delete  
Name: PRENDERGAST, LINDA  
Address: 22535 SW 94 PL  
City-St-Zip: MIAMI, FL 33190

Title: S (X) Delete  
Name: GRAEF, BRENT  
Address: 22778 SW 94 PATH  
City-St-Zip: MIAMI, FL 33190

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HONDA, MAGGI  
Address: 22432 SW 93 PASSAGE  
City-St-Zip: CUTLER BAY, FL 33190

Title: VP (X) Change ( ) Addition  
Name: ESPINOSA, RENE  
Address: 9414 SW 224 TERRACE  
City-St-Zip: CUTLER BAY, FL 33190

Title: S (X) Change ( ) Addition  
Name: PRENDERGAST, LINDA  
Address: 22535 SW 94 PLACE  
City-St-Zip: CUTLER BAY, FL 33190

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: MAGGI HONDA

P

02/16/2009

Electronic Signature of Signing Officer or Director

Date