## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000000954

Entity Name: THE ENCLAVE AT HERON BAY ASSOCIATION, INC.

FILED Nov 08, 2023 Secretary of State 3885392123CC

## **Current Principal Place of Business:**

C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 103

CORAL SPRINGS, FL 33065

## **Current Mailing Address:**

C/O REALMANAGE PO BOX 803555 DALLAS, TX 75380 US

FEI Number: 65-0983974 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

KATZMAN CHANDLER, PA 6535 NOVA DRIVE SUITE 109

FORT LAUDERDALE, FL 33317 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: KATZMAN CHANDLER 11/08/2023

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Address

TitleDIRECTORTitleSECRETARYNameLENARD, BORINameLEIVA, DENNIS

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR Title PRESIDENT

Name RODRIGUEZ, ELI JR. Name CLAPROOD, ELYSE

Address C/O REALMANAGE Address C/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

Title TREASURER Title VP

NameFOREMAN, ROGERNameBIRNBAUM, STEVENAddressC/O REALMANAGEAddressC/O REALMANAGE

11784 WEST SAMPLE ROAD SUITE 11784 WEST SAMPLE ROAD SUITE

City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

TitleDIRECTORTitleDIRECTORNameKOENIG, STUARTNameHAU, ROBERT

C/O REALMANAGE Address C/O REALMANAGE

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City-State-Zip: CORAL SPRINGS FL 33065 City-State-Zip: CORAL SPRINGS FL 33065

I hereby 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 all other like empowered.

SIGNATURE: ELYSE CLAPROOD PRESIDENT 11/08/2023