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

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103 CORAL SPRINGS, FL 33065

Current Mailing Address:

DOCUMENT# N0000000954

UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103 CORAL SPRINGS, FL 33065 US

FEI Number: 65-0983974

Name and Address of Current Registered Agent:

UNITED COMMUNITY MANAGEMENT CORP. UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103 CORAL SPRINGS, FL 33065 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:	RENEE CAMPBELL		04/13/2022
	Electronic Signature of Registered Agent		Date
Officer/Direc	tor Detail :		
Title	VP, TREASURER	Title	DIRECTOR
Name	FOREMAN, ROGER	Name	RODRIGUEZ, ELI
Address	UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103	Address	UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
Title	S	Title	DIRECTOR
Name	KOENIG, STUART	Name	GILBERTSON, RICHARD
Address	UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103	Address	UNITED COMMUNITY MANAGEMENT CORP. 11784 WEST SAMPLE ROAD 103
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
Title	PRESIDENT	Title	DIRECTOR
Name	COWETT, LINDA	Name	BIRNBAUM, STEVE
Address	UNITED COMMUNITY MANAGEMENT CORP.	Address	11784 W SAMPLE RD SUITE 103
City-State-Zip:	11784 WEST SAMPLE ROAD 103 CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065
		Title	DIRECTOR
Title	DIRECTOR	Name	LEIVA, DENNIS
Name Address	CLAPROOD, ELYSE 11784 W SAMPLE RD SUITE 103	Address	11784 W SAMPLE RD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065	City-State-Zip:	CORAL SPRINGS FL 33065

PRESIDENT

Continues on page 2 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: LINDA COWETT

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

FILED Apr 13, 2022 Secretary of State 7703944327CC

> 04/13/2022 Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LENARD, BORI
Address	11784 W SAMPLE RD SUITE 103
City-State-Zip:	CORAL SPRINGS FL 33065