

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000007899

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC2679030734**

**Entity Name:** ENCLAVE AT SILVER OAK NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229

**Current Mailing Address:**

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229

**FEI Number: 81-0659441**

**Certificate of Status Desired: No**

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

SOBUCKI, JAMES  
8832 ENCLAVE CT  
SARASOTA, FL 34238 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name JERDE, MIKE  
Address LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title VP  
Name DILLON, KATHLEEN  
Address LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

Title TD  
Name SOBUCKI, JAMES  
Address LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
City-State-Zip: OSPREY FL 34229

*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: JAMES SOBUCKI**

**TREASURER**

**04/01/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date