

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006169

**Entity Name:** THE ENCLAVE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**644 CAPITAL CIRCLE  
TALLAHASSEE, FL 32301**Current Mailing Address:**P.O. BOX 13089  
TALLAHASSEE, FL 32317**FEI Number: 54-2102104****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RHINEHART, ROBERT S  
644 CAPITAL CIRCLE  
TALLAHASSEE, FL 32301 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:** ROBERT S RHINEHART**03/15/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	VP
Name	SMITH, WILLIAM
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	DONTHINENI, NAG
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	TREASURER
Name	BOOTEN, JACOB
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	HUGHES, JANET
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

Title	MANAGER/AGENT
Name	RHINEHART, ROBERT S
Address	P.O. BOX 13089
City-State-Zip:	TALLAHASSEE FL 32317

Title	DIRECTOR
Name	SACHDEVA, JASMEET
Address	644 CAPITAL CIRCLE
City-State-Zip:	TALLAHASSEE FL 32301

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:** ROBERT S RHINEHART**REGISTERED AGENT****03/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date