

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000006291

**FILED**  
**Feb 25, 2013**  
**Secretary of State**  
**CC8058946445**

**Entity Name:** THE ENCLAVE HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

1371 HIDEAWAY LN  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

P.O. BOX 561564  
ROCKLEDGE, FL 32956

**FEI Number: 20-0865216**

**Certificate of Status Desired: No**

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

ADVANCED PROPERTY MANAGEMENT, INC  
1978 US 1  
SUITE 106  
ROCKLEDGE, FL 32955 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            D  
Name            BURKE, JOHN  
Address        1371 HIDEAWAY LN  
City-State-Zip: ROCKLEDGE FL 32955

Title            DV  
Name            EBBS, CHRISTOPHER  
Address        1315 ENCLAVE DR.  
City-State-Zip: ROCKLEDGE FL 32955

Title            DT  
Name            BOLES, DEBRA  
Address        1361 HIDEAWAY LN  
City-State-Zip: ROCKLEDGE FL 32955

*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: DEBRA BOLES**

**DT**

**02/25/2013**

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

\_\_\_\_\_  
Date