

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

DOCUMENT# N02000006291

**FILED**  
**Jul 28, 2017**  
**Secretary of State**  
**CC7853229069**

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

**Current Principal Place of Business:**

1315 ENCLAVE DR  
ROCKLEDGE, FL 32955

**Current Mailing Address:**

P.O. BOX 561564  
ROCKLEDGE, FL 32956

**FEI Number: 20-0865216**

**Certificate of Status Desired: Yes**

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

EBBS, CHRISTOPHER GEORGE  
1315 ENCLAVE DR  
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: CHRISTOPHER GEORGE EBBS**

**07/28/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name EBBS, CHRISTOPHER G  
Address P.O. BOX 561564  
City-State-Zip: ROCKLEDGE FL 32956

Title VPD  
Name MASON, GARY W  
Address P.O. BOX 561564  
City-State-Zip: ROCKLEDGE FL 32956

Title SECRETARY  
Name LUTTRELL, BRANDON S  
Address P.O. BOX 561564  
City-State-Zip: ROCKLEDGE FL 32956

Title OTHER, MEMBER AT LARGE  
Name BRADLEY, FRANK  
Address PO BOX 561564  
City-State-Zip: ROCKLEDGE FL 32956

*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: CHRISTOPHER G EBBS**

**PRESIDENT**

**07/28/2017**

Electronic Signature of Signing Officer/Director Detail

Date