

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

DOCUMENT# N03000004732

**FILED**  
**Apr 11, 2013**  
**Secretary of State**  
**CC1036889903**

**Entity Name:** ENCLAVE SUBDIVISION PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4928 S.W. 19TH PL.  
CAPE CORAL, FL 33914

**Current Mailing Address:**

4916 SW 19TH PLACE  
CAPE CORAL, FL 33914 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

SENATORE, THOMAS J  
4916 SW 19TH PLACE  
CAPE CORAL, FL 33914 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:** THOMAS J SENATORE

**04/11/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           SENATORE, THOMAS J  
Address        4916 SW 19TH PLACE  
City-State-Zip: CAPE CORAL FL 33914

Title           TREASURER  
Name           ANDERSON, ROBERT  
Address        4941 SW 20TH AVENUE  
City-State-Zip: CAPE CORAL FL 33914

Title           SECRETARY  
Name           HEARYMAN, LESLIE  
Address        4925 SW 20TH AVENUE  
City-State-Zip: CAPE CORAL FL 33914

Title           VP  
Name           NOLAND, CORY  
Address        1923 SW 20TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

Title           DIRECTOR  
Name           BAUER, FRANKIE  
Address        1922 SW 49TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

Title           DIRECTOR  
Name           REPETTO, MARY  
Address        4920 SW 19TH TERRACE  
City-State-Zip: CAPE CORAL FL 33914

*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:** THOMAS J. SENATORE

**PRESIDENT**

**04/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date