

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

DOCUMENT# N03000005295

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC9686375744**

**Entity Name:** THE ENCLAVE AT BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6849 COBIA CIRCLE  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

6849 COBIA CIRCLE  
BOYNTON BEACH, FL 33437 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

KENNELLY, JOHN SESQ.  
6849 COBIA CIRCLE  
BOYNTON BEACH, FL 33437 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 PD  
Name KENNELLY, JOHN S  
Address 6849 COBIA CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title VTD  
Name IRON, GERRY  
Address 6849 COBIA CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

Title SD  
Name MOORE, SAMUEL AJR.  
Address 6849 COBIA CIRCLE  
City-State-Zip: BOYNTON BEACH FL 33437

*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: JOHN S KENNELLY**

**P**

**04/30/2013**

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

\_\_\_\_\_  
Date