

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010962

Entity Name: THE ENCLAVE AT WINDSOR HILLS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2600 OLD LAKE WILSON ROAD
KISSIMMEE, FL 34747

Current Mailing Address:

THE ENCLAVE AT WINDSOR HILLS
2600 N. OLD LAKE WILSON RD
KISSIMMEE, FL 34747 US

FEI Number: 32-0116470

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICES OF JOHN L. DIMASI, P.A.
801 N. ORANGE AVENUE - SUITE 500
ORLANDO, FL 32801 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 VAZZANA, JAMES
Address 2600 OLD LAKE WILSON ROAD
City-State-Zip: KISSIMMEE FL 34747

Title VPD
Name SIERRA, RENE
Address 2600 OLD LAKE WILSON ROAD
City-State-Zip: KISSIMMEE FL 32779

Title SD
Name QUINN, DEANNA
Address 2600 OLD LAKE WILSON ROAD
City-State-Zip: KISSIMMEE FL 34747

Title TD
Name SCHAEFFER, DAVID
Address 2600 OLD LAKE WILSON ROAD
City-State-Zip: KISSIMMEE FL 34747

Title D
Name PYLE, TERRY
Address 2600 OLD LAKE WILSON ROAD
City-State-Zip: KISSIMMEE FL 34747

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: JAMES VAZZANA

PRESIDENT

01/23/2013

Electronic Signature of Signing Officer/Director Detail

_____ Date