

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005355

FILED
Jan 25, 2023
Secretary of State
8391989875CC**Entity Name:** THE ENCLAVE AT MOSS PARK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**C/O REALMANAGE
200 S ORANGE AVE SUITE 1475
ORLANDO, FL 32801**Current Mailing Address:**C/O REALMANAGE
PO BOX 803555
DALLAS, TX 75380 US**FEI Number: 33-1121539****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	VP
Name	BURROUGHS, WILLIAM
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	SECRETARY
Name	BUTLER, PAULA
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	TREASURER
Name	GORDON, GERARD
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	PRESIDENT
Name	MANGIERI, CHRISTOPHER
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

Title	DIRECTOR
Name	SPITZ, MARCEL
Address	C/O REALMANAGE 200 S ORANGE AVE SUITE 1475
City-State-Zip:	ORLANDO FL 32801

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 MANGIERI**PRESIDENT****01/25/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date