

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008295

FILED
Feb 20, 2015
Secretary of State
CC1416088403

Entity Name: THE ENCLAVE AT ISLES AT BAYSHORE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

M&E ASSOCIATES OF MIAMI A SUBSIDIARY OF VESTA PROPERTY SERVICES
13055 SW 42 STREET SUITE 203
MIAMI, FL 33175

Current Mailing Address:

M&E ASSOCIATES OF MIAMI A SUBSIDIARY OF VESTA PROPERTY SERVICES
13055 SW 42 STREET SUITE 203
MIAMI, FL 33175 US

FEI Number: 20-3320553

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SIEGFRIED, RIVERA, HYMAN, LERNER, DE LA TORRE, MARS & SOBEL, P.A.
201 ALHAMBRA CIRCLE
11TH FLOOR
CORAL GABLES, FL 33134 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: JENNIFER PEREZ

02/20/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name DINICOLA, DANIEL
Address M&E ASSOCIATES OF MIAMI A
SUBSIDIARY OF VESTA PROPERTY
SERVICES
13055 SW 42 STREET SUITE 203
City-State-Zip: MIAMI FL 33175

Title VP
Name RAMIREZ, NELSON
Address M&E ASSOCIATES OF MIAMI A
SUBSIDIARY OF VESTA PROPERTY
SERVICES
13055 SW 42 STREET SUITE 203
City-State-Zip: MIAMI FL 33175

Title D
Name CASTELL, STEVEN
Address M&E ASSOCIATES OF MIAMI A
SUBSIDIARY OF VESTA PROPERTY
SERVICES
13055 SW 42 STREET SUITE 203
City-State-Zip: MIAMI FL 33175

Title S/T
Name BONILLA, FATIMA
Address M&E ASSOCIATES OF MIAMI A
SUBSIDIARY OF VESTA PROPERTY
SERVICES
13055 SW 42 STREET SUITE 203
City-State-Zip: MIAMI FL 33175

Title D
Name RODRIGUEZ, ELAINE
Address M&E ASSOCIATES OF MIAMI A
SUBSIDIARY OF VESTA PROPERTY
SERVICES
13055 SW 42 STREET SUITE 203
City-State-Zip: MIAMI FL 33175

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: DANIEL DINICOLA

P

02/20/2015

