

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012354

FILED
Jan 21, 2021
Secretary of State
4832788976CC

Entity Name: ENCLAVE AT IMPERIAL LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3020 S FLORIDA AVE SUITE 305
LAKELAND, FL 33803

Current Mailing Address:

3020 S FLORIDA AVE SUITE 305
LAKELAND, FL 33803 US

FEI Number: 20-4112079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGHLAND COMMUNITY MANAGEMENT, LLC
3020 S FLORIDA AVE SUITE 305
LAKELAND, FL 33803 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 GOBERNIK, GARY R
Address 3020 S. FLORIDA AVE.
SUITE 305
City-State-Zip: LAKELAND FL 33803

Title PRESIDENT
Name SHAPPLEY, WALTER
Address 3020 S FLORIDA AVE SUITE 305
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name BROWN, DON
Address 3020 S. FLORIDA AVE., SUITE 305
City-State-Zip: LAKELAND FL 33803

Title SECRETARY
Name PARROT, CRAIG
Address 3020 S FLORIDA AVE SUITE 305
City-State-Zip: LAKELAND FL 33803

Title TREASURER
Name CHANG, SUSAN M
Address 3020 S FLORIDA AVE SUITE 305
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name MCMULLEN, ROBERT
Address 3020 S FLORIDA AVE SUITE 305
City-State-Zip: LAKELAND FL 33803

Title DIRECTOR
Name TORTORICI, EDDIE
Address 3020 S FLORIDA AVE SUITE 305
City-State-Zip: LAKELAND FL 33803

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: WALTER SHAPPLEY

PRESIDENT

01/21/2021

Electronic Signature of Signing Officer/Director Detail

Date