

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05030

**FILED**  
**May 01, 2019**  
**Secretary of State**  
**1109459704CC**

**Entity Name:** THE ENCLAVE AT ORLANDO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6165 CARRIER DRIVE  
ORLANDO, FL 32819

**Current Mailing Address:**

7055 S KIRKMAN ROAD  
SUITE 118  
ORLANDO, FL 32819 US

**FEI Number: 59-2709091**

**Certificate of Status Desired: Yes**

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

PERKINS, ANGELA  
7055 S KIRKMAN ROAD  
SUITE 118  
ORLANDO, FL 32819 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 T  
Name COSTA, JOSEPH  
Address 508 TETHER LANE  
City-State-Zip: PARAMUS NJ 07652

Title P  
Name MAHN, ED  
Address 31 CHURCH STREET  
City-State-Zip: FLEMINGTON NJ 08822

Title VP  
Name MICHELLI, THOMAS  
Address 3 NORTHWOODS ROAD  
City-State-Zip: ASBURY PARK NJ 07712

Title S  
Name ENG, CONNIE  
Address 85 WEST BANK LANE  
City-State-Zip: STAMFORD CT 06902

Title D  
Name EDWARDS, TED  
Address 123 HILLCREST RD.  
City-State-Zip: FLEMINGTON NJ 08822

Title D  
Name GIRARDI, GIULIO  
Address 125 OVERLOOK TERRACE  
City-State-Zip: STATEN ISLAND NY 10305

Title DIRECTOR  
Name SWEENEY, ANNE  
Address 6165 CARRIER DRIVE  
City-State-Zip: ORLANDO FL 32819

*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: MAHN, ED**

**P**

**05/01/2019**

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

\_\_\_\_\_  
Date