

## ANNUAL REPORT

**FILED**  
**Feb 20, 2008 8:00 am**  
**Secretary of State**

02-20-2008 90010 019 \*\*\*\*61.25

DOCUMENT # N02000002721

1. Entity Name  
**ENCLAVE AT LAKE PRICE HOMEOWNERS  
 ASSOCIATION, INC.**



Principal Place of Business  
 14119 DEEP LAKE DRIVE  
 ORLANDO, FL 32826

Mailing Address  
 3326 DEEP WATER CT  
 ORLANDO, FL 32826

40028760



2. Principal Place of Business - No P.O. Box #

3345 Deep Water Ct

3. Mailing Address

Suite, Apt. #, etc.

02022008

Chg-NP

CR2E037 (12/06)

City &amp; State

Orlando FL

City &amp; State

1

4. FEI Number

01-0708874

Applied For

Not Applicable

Zip

32826

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

KEMMERER, BRIAN  
 14119 DEEP LAKE DR.  
 ORLANDO, FL 32826

7. Name and Address of New Registered Agent

Name Harry Manson

Street Address (P.O. Box Number is Not Acceptable)

3345 Deep Water Ct.

City

Orlando FL

FL

Zip Code

32826

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-16-08

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

Make check payable to  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KEMMERER, BRIAN	
STREET ADDRESS	14119 DEEP LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GOLDBERG, ALAN	
STREET ADDRESS	14154 DEEP LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHELLING, PATRICK	
STREET ADDRESS	3326 DEEP WATER CT	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENDRICK, DEMETRIA	
STREET ADDRESS	14038 DEEP LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LAFLAMME, GLEN	
STREET ADDRESS	14057 DEEP LAKE DR	
CITY-ST-ZIP	ORLANDO, FL 32826	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harry Manson	
STREET ADDRESS	3345 Deep Water Ct.	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Catherine T. Schelling	
STREET ADDRESS	3326 Deep Water Ct.	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kendrick, Demetria	
STREET ADDRESS	14038 Deep Lake Dr.	
CITY-ST-ZIP	Orlando, FL 32826	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Catherine T Schelling 2-16-08