

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90012 026 ****61.25

DOCUMENT # N02000006169 1. Entity Name THE ENCLAVE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 1415 EAST PIEDMONT SUITE 3 TALLAHASSEE, FL 32308			Mailing Address 1415 EAST PIEDMONT SUITE 3 TALLAHASSEE, FL 32308		
2. Principal Place of Business 7113 Beech Ridge TRAIL Suite, Apt. #, etc. 1		3. Mailing Address 7113 Beech Ridge TRAIL Suite, Apt. #, etc. 1			
City & State TALLAHASSEE, FL Zip 32312 Country USA		City & State TALLAHASSEE, FL Zip 32312 Country USA		4. FEI Number 54-2102104	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LOVETT, JOHN C 106 E. COLLEGE AVENUE SUITE 1200 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name MARIE EDDY Street Address (P.O. Box Number is Not Acceptable) 7113 Beech Ridge TRAIL, Suite 1 City TALLAHASSEE FL 32312		
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 Marie Eddy MARIE EDDY 2/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLOCK, BYRON B 1415 EAST PIEDMONT #3 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROSARIO ELEANOR 5433 CALDER DR TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GHAZVANI MEHRDAD 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALLACE, JAMERKA 5438 BURRIS CT. TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD HEBENTHAL ELAINE 1415 EAST PIEDMONT #3 TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EDMONDS, SCOTT 5408 CALDER DR TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ADAMS, HEATHER 1771 CASSATT DR. TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLINARO, DANIEL 5436 CALDER DR TALLAHASSEE, FL 32317	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Marie Eddy <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/6/06 850-894-1915 <small>Date Daytime Phone #</small>		