

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006169

FILED
Apr 25, 2009
Secretary of State

Entity Name: THE ENCLAVE OF TALLAHASSEE HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

528 E. PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 54-2102104

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ISAACS, DAN L
528 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATINE, APRIL
Address: 5433 BURRIS COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: DT () Delete
Name: MOLINARO, DON
Address: 5436 CALDER DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DS () Delete
Name: POSINASETTY, SRINIVAS
Address: 5421 CALDER DR
City-St-Zip: TALLAHASSEE, FL 32317

Title: TS () Delete
Name: SACHDEEVA, JASMEET
Address: 5405 WHISTLER DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: DV (X) Delete
Name: TONKIN, HAROLD
Address: 5404 WHISTLER DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KATINE, APRIL
Address: 5433 BURRIS COURT
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: SACHDEVA, JASMEET
Address: 5405 WHISTLER DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: D (X) Change () Addition
Name: BENNETT, BRAD
Address: 5435 WHISTLER DRIVE
City-St-Zip: TALLAHASSEE, FL 32317

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: APRIL KATINE

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date