

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006169

FILED  
Mar 03, 2011  
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:**

644 CAPITAL CIRCLE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

528 E. PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

644 CAPITAL CIRCLE  
TALLAHASSEE, FL 32301

**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:**

RHINEHART, ROBERT S CAM  
644 CAPITAL CIRCLE  
TALLAHASSEE, FL 32301 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: ROBERT S. RHINEHART

03/03/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: SMITH, WILLIAM  
Address: 5400 CALDER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: MOLINARO, DON  
Address: 5436 CALDER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DP  
Name: SACHDEVA, JASMEET  
Address: 5405 WHISTLER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: D  
Name: BENNETT, BRAD  
Address: 5435 WHISTLER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DVP  
Name: FOLTZ, LISA  
Address: 1783 CASSATT DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

Title: DS  
Name: ORIAKU, EBENEZER  
Address: 5409 WHISTLER DRIVE  
City-St-Zip: TALLAHASSEE, FL 32317

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: ROBERT S. RHINEHART

RA

03/03/2011

Electronic Signature of Signing Officer or Director

Date