2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006169

FILED Mar 20, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

644 CAPITAL CIRCLE TALLAHASSEE, FL 32301

Current Mailing Address: New Mailing Address:

644 CAPITAL CIRCLE P.O. BOX 13089

TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32317

FEI Number: 54-2102104 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D/T

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: F

Name: FOLTZ, LISA

Address: 1783 CASSATT DRIVE City-St-Zip: TALLAHASSEE, FL 32317

Title:

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

Title: D/S

 Name:
 ORIAKU, EBENZER

 Address:
 5409 WHISTLER DRIVE

 City-St-Zip:
 TALLAHASSEE, FL 32317

Title: [

 Name:
 KATINE, APRIL

 Address:
 5433 BURRIS CT

 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 03/20/2012