2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# N03000005295

Entity Name: THE ENCLAVE AT BOYNTON WATERS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6683 WEST BOYNTON BEACH BLVD.
SUITE 200
BOYNTON BEACH, FL 33437

New Principal Place of Business:

6849 COBIA CIRCLE
BOYNTON BEACH, FL 33437 US

Current Mailing Address:

6683 WEST BOYNTON BEACH BLVD.
SUITE 200
BOYNTON BEACH, FL 33437

New Mailing Address:

6849 COBIA CIRCLE
BOYNTON BEACH, FL 33437 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNELLY, JOHN S ESQ.
6683 WEST BOYNTON BEACH BLVD.
SUITE 200
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

KENNELLY, JOHN S ESQ.
6849 COBIA CIRCLE
BOYNTON BEACH, FL 33437 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: _____ 02/14/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KENNELLY, JOHN S
Address: 6683 WEST BOYNTON BEACH BLVD. #200
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VTD ( ) Delete
Name: ZUERN, EVA
Address: 6683 WEST BOYNTON BEACH BLVD. #200
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD ( ) Delete
Name: MOORE, SAMUEL A
Address: 6683 WEST BOYNTON BEACH BLVD. #200
City-St-Zip: BOYNTON BEACH, FL 33437

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KENNELLY, JOHN S
Address: 6849 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: VTD (X) Change ( ) Addition
Name: ZUERN, EVA
Address: 6849 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

Title: SD (X) Change ( ) Addition
Name: MOORE, SAMUEL A JR.
Address: 6849 COBIA CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

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: JOHN S. KENNELLY PD 02/14/2008
Electronic Signature of Signing Officer or Director — Date