## 2007 NOT-FOR-PROFIT CORPORATION

## Aug 06, 2007 8:00 am Secretary of State 08-06-2007 90031 029 \*\*\*\*61.25

ANNUAL REPORT	
DOCUMENT # N03000008251	

1. Entity Name ENCLAVES OF VENICE NORTH HOME OWNERS ASSOCIATION, INC.										
Principal Place 1053 US 41 VENICE, FL	BYPASS SOL			Address JS 41 BYPASS SO E, FL 34285	NTH					
		ess - No P.O. Box # Hy Management	3. Mailin	g Address Ori Property	Mar	nagement				
Suite, Apt. #, etc. 81013 Pinebrook Rd.			Suite, Apt. #, etc. 810 B Pinebrook Rd.			08012007 Chg-NP CR2E037 (12/06)				
Venice			Ven	& State			4. FEI Number 41-211083	35	<u> </u>	pplied For ot Applicable
<u>34285</u>		Country US	342		Cou U		5. Certificate of St		\$8.75 Add	
	6. Name	and Address of Current	Registered	Agent		Name A		iress of New Regis		
PAOLILLO, MARK 1053 US 41 BYPASS S					Name Capri Property Management Street Address (P.O. Box Number is Not Acceptable)					
VENICE, F	L 34285					210 B Pinebrook Rd				
						city Ver	nice	<del> </del>	FL Zip Cod	285
8. The above the obligat	named entity	submits this statement fo	r the purpos	se of changing its r	egistere	ed office or regist	ered agent, or both, in	the State of Florida	. I am familiar with,	and accept
SIGNATURE .	Oek	luc Ca	726	bie Greo	) .pv	Pres		<b>%</b> -	H-07	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applic	able (NOTE:	Registerer	Agent signature requir	red when reinstating)		DATE	(
		(3.17.3.11		(10.2.			<del>-</del>			\ 
D	Filing Fe	e is \$61.25 stember 14, 2007		9. Election Cam Trust Fund Co	paign F	inancing _	\$5.00 May Be Added to Fees		check payable to Department of St	
10.	Filing Fe ue by Sep	e is \$61.25		9. Election Cam Trust Fund Co	paign Fontributi	inancing on.	Added to Fees ADDITIONS/CHANG	Florida	Department of S	tate
10.	Filing Feue by Sep	e is \$61.25 stember 14, 2007 OFFICERS AND DIF		9. Election Cam	paign Fontributi	inancing on.	Added to Fees ADDITIONS/CHANG	Florida	Department of St	tate
10.	Filing Feduce by Sep	e is \$61.25 stember 14, 2007 OFFICERS AND DIF		9. Election Cam Trust Fund Co	paign Fontributi	inancing on.	Added to Fees  ADDITIONS/CHANG  II LYONS  OH Mattama	Florida ES TO OFFICERS A	Department of S	tate
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

412-0449