2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000010932

FILED Aug 01, 2007 Secretary of State

Entity Name: THE ENCLAVE PROPERTY OWNERS' ASSOCIATION II, INC.

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

4140 ENCLAVE PL

CHARLOTTE HARBOR, FL 33980

Current Mailing Address: New Mailing Address:

PO BOX 511044 100 SULLIVAN STREET PUNTA GORDA, FL 33951

PUNTA GORDA, FL 33950

FEI Number: 34-1976227 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:

HANSEN, JORN SCOTT, LONG

4140 ENCLAVE PLACE 25656 DEEP CREEK BLVD

CHARLOTTE HARBOR, FL 33980 US PUNTA GORDA, FL 33980 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: SCOTT LONG 08/01/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

HANSEN, JORN LONG, SCOTT Name: Name: 4140 ENCLAVE PLACE Address: 25656 DEEP CREEK BLVD Address:

City-St-Zip: CHARLOTTE HARBOR, FL 33980 US City-St-Zip: PUNTA GORDA, FL 33980 US

Title: () Delete Title: (X) Change () Addition BUCKNER, JENNIFER Name: Name: ZALUD, CONNIE

Address: 4141 ENCLAVE PLACE Address: 4911 POST POINTE DR City-St-Zip: CHARLOTTE HARBOR, FL 33980 US City-St-Zip: SARASOTA, FL 34233 US

Title: () Delete Title: () Change (X) Addition

Name: HATTON, SHIRLEY Name: 4170 ENCLAVE PALCE Address: Address: City-St-Zip: City-St-Zip: PUNTA GORDA, FL 33980 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: SCOTT LONG **PRES** 08/01/2007