

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90073 016 ****61.25

DOCUMENT # N03000010932

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



Principal Place of Business
**4140 ENCLAVE PL
CHARLOTTE HARBOR, FL 33980**

Mailing Address
**100 SULLIVAN STREET
112
PUNTA GORDA, FL 33950**

50001311



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
34-1976227

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, LONG
25656 DEEP CREEK BLVD
PUNTA GORDA, FL 33980**

7. Name and Address of New Registered Agent

Name **Joan F. Greene**
Street Address (P.O. Box Number is Not Acceptable)
100 SULLIVAN ST
Ste 112
City **PUNTA GORDA FL** Zip Code **33952**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joan F. Greene

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-3-08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **LONG, SCOTT**
STREET ADDRESS **25656 DEEP CREEK BLVD**
CITY-ST-ZIP **PUNTA GORDA, FL 33980**

TITLE **T** ☐ Delete
NAME **ZALUD, CONNIE**
STREET ADDRESS **4911 POST POINTE DR**
CITY-ST-ZIP **SARASOTA, FL 34233**

TITLE **S** ☐ Delete
NAME **HATTON, SHIRLEY**
STREET ADDRESS **4170 ENCLAVE PALCE**
CITY-ST-ZIP **PUNTA GORDA, FL 33980**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **JENNIFER BUCKNER**
STREET ADDRESS **2909 CREEK SIDE DR**
CITY-ST-ZIP **Cleveland TN 37312**

TITLE **TD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shirley Hatton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

Date

Daytime Phone #