

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010932

**FILED**  
**Feb 27, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4140 ENCLAVE PL  
CHARLOTTE HARBOR, FL 33980 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 SULLIVAN STREET  
112  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

**FEI Number:** 34-1976227

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREENE, JOAN E  
100 SULLIVAN S7  
STE. 112  
PUNTA GORDA, FL 33950 US

**Name and Address of New Registered Agent:**

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:** PD  
**Name:** BUCKNER, JENNIFER  
**Address:** 202 HIGH STREET  
**City-St-Zip:** BELL BUCKLE, TN 37020 US

**Title:** TD  
**Name:** ZALUD, CONNIE  
**Address:** 4911 POST POINTE DR  
**City-St-Zip:** SARASOTA, FL 34233 US

**Title:** SD  
**Name:** HATTON, SHIRLEY  
**Address:** 4170 ENCLAVE PALCE  
**City-St-Zip:** PUNTA GORDA, FL 33980 US

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:** CONNIE ZALUD

PRES

02/27/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date