


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N04000000049 1. Entity Name THE ENCLAVE AT ASHTON HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 85 COCOANUT AVE. SARASOTA, FL 34236	Mailing Address 85 COCOANUT AVE. SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number 81-0630511	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COOK, JOHN F ESQ
2033 WOOD ST.
SUITE 220
SARASOTA, FL 34237

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IN THIS SPACE**

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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT MOYNIHAN, JAMES M 85 COCOANUT AVE. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PADGETT, MICHAEL 85 COCOANUT AVE. SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSS, ELLEN 85 COCOANUT AVE. SARASOTA, FL 34236
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04/19/05-80037-022 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4-15-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #