## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0400000049

FILED Jul 30, 2006 Secretary of State

Entity Name: THE ENCLAVE AT ASHTON HOMEOWNERS ASSOCIATION, INC.

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

85 COCOANUT AVE. P.O BOX 18082

SARASOTA, FL 34236 SARASOTA, FL 34276

Current Mailing Address: New Mailing Address:

85 COCOANUT AVE. P.O.BOX 18082

SARASOTA, FL 34236 SARASOTA, FL 34276

FEI Number: 81-0630511 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COOK, JOHN F ESQ 2033 WOOD ST. SUITE 220

SARASOTA, FL 34237 US

MARK, COOPER A

THE SECRETARY 5274 VISIONARY CT SARASOTA, FL 34233 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: MARK A COOPER 07/30/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MOYNIHAN, JAMES M
 Name:
 BORRERO, JOHN

 Address:
 85 COCOANUT AVE.
 Address:
 P.O BOX 18082

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34276

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

 Name:
 PADGETT, MICHAEL
 Name:
 CHUCK, BEAR

 Address:
 85 COCOANUT AVE.
 Address:
 P.O BOX 18082

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34276

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

 Name:
 ROSS, ELLEN
 Name:
 COOPER, MARK A

 Address:
 85 COCOANUT AVE.
 Address:
 P.O BOX 18082

 City-St-Zip:
 SARASOTA, FL 34236
 City-St-Zip:
 SARASOTA, FL 34276

 $\label{eq:Title:$ 

 Name:
 Name:
 WEST, AARON

 Address:
 Address:
 P.O BOX 18082

 City-St-Zip:
 City-St-Zip:
 SARASOTA, FL 34276

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A COOPER S 07/30/2006