2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N04000000049

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

Current Principal Place of Business:

P.O BOX 18082
SARASOTA, FL 34276

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 18082
SARASOTA, FL 34276

New Mailing Address:

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

Name and Address of Current Registered Agent:

AARON, WEST R
TREASURER 5262 VISIONARY CT
SARASOTA, FL 34276 US

Name and Address of New Registered Agent:

MARK, COOPER A
TREASURER 5274 VISIONARY CT
SARASOTA, FL 34276 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 03/26/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, LYLE
Address: P.O BOX 18082
City-St-Zip: SARASOTA, FL 34276

Title: VP ( ) Delete
Name: COOPER, MARK
Address: P.O BOX 18082
City-St-Zip: SARASOTA, FL 34276

Title: S (X) Delete
Name: BABIALL, LESLIE
Address: P.O BOX 18082
City-St-Zip: SARASOTA, FL 34276

Title: T (X) Delete
Name: WEST, AARON
Address: P.O BOX 18082
City-St-Zip: SARASOTA, FL 34276

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: COOPER, MARK A
Address: P.O BOX 18082
City-St-Zip: SARASOTA, FL 34276

Title: VP (X) Change ( ) Addition
Name: BENNETT, CHIP
Address: P.O BOX 18082
City-St-Zip: SARASOTA, FL 34276

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK A COOPER P 03/26/2009
Electronic Signature of Signing Officer or Director Date