2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007903

FILED Apr 30, 2008 Secretary of State

Entity Name: ENCLAVE AT CITRUS PARK HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8009 S ORANGE AVENUE 5955 T.G. LEE BLVD ORLANDO, FL 32809 ORLANDO, FL 32822 **Current Mailing Address: New Mailing Address:** 8009 S ORANGE AVENUE 5955 T.G. LEE BLVD ORLANDO, FL 32809 ORLANDO, FL 32822 FEI Number: 20-2053143 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LELAND MANAGEMENT LELAND MANAGEMENT 8009 S ORANGE AVE 5955 T.G. LEE BLVD ORLANDO, FL 32809 US ORLANDO, FL 32822 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: 04/30/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MERCHANT, HEIDI Name: Name: Address: 8837 CAMERON CREST DRIVE Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: MASTERS, TRAVIS Name: BROOKS, MATTHEW Address: 8862 CAMERON CREST DRIVE Address: 8833 ROYAL ENCLAVE BLVD City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626 Title: () Delete Title: (X) Change () Addition CARTAGENA, JOSE Name: TURNER, MATTHEW Name: 8824 ROYAL ENCLAVE BLVD 8816 CAMERON CREST DRIVE Address: Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: TAMPA, FL 33626

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: HEIDI MERCHANT P 04/30/2008