

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009675

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE ENCLAVE AT COLLEGE POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

14360 S. TAMiami TR. UNIT B
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

14360 S. TAMiami TR. UNIT B
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 20-2152066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAPP, PAUL
14360 S. TAMiami TR. UNIT B
FORT MYERS, FL 33912 US

Name and Address of New Registered Agent:

SAPP, PAUL L
14360 S. TAMiami TR. UNIT B
FORT MYERS, FL 33912 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: PAUL L. SAPP

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: TOWLE, JAMES
Address: 14360 S. TAMiami TR. UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: D () Delete
Name: FLAIM, DOUG
Address: 14360 SOUTH TAMiami TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33902

Title: AS () Delete
Name: DIRELEY, RANDALL
Address: 14360 S. TAMiami TR. UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FLAIM, DOUG
Address: 14360 S. TAMiami TR. UNIT B
City-St-Zip: FORT MYERS, FL 33912

Title: VP (X) Change () Addition
Name: NESSET, DANIEL
Address: 14360 SOUTH TAMiami TRAIL UNIT B
City-St-Zip: FORT MYERS, FL 33902

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

Title: S/T () Change (X) Addition
Name: TOWLES, JAMES
Address: 14360 S. TAMiami TR. UNIT B
City-St-Zip: FORT MYERS, FL 33912

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: PAUL L. SAPP

MGR

01/07/2009

Electronic Signature of Signing Officer or Director

Date