

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009675

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2525 PARKWAY STREET  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

C/O REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901

**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:**

REALTY SERVICES  
2525 PARKWAY STREET  
FORT MYERS, FL 33901 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HORNBY, GAIL  
Address: 2525 PARKWAY STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: VP  
Name: TOWLE, JAMES  
Address: 2525 PARKWAY STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: T  
Name: CARAPELLE, PHIL  
Address: 2525 PARKWAY STREET  
City-St-Zip: FORT MYERS, FL 33901

Title: S  
Name: MAZUR, BARBARA  
Address: 2525 PARKWAY STREET  
City-St-Zip: FORT MYERS, FL 33901

I hereby 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 all other like empowered.

SIGNATURE: GAIL HORNBY

P

03/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date