

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90139 008 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                        |  |
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| <b>DOCUMENT # N05000003908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                        |  |
| <b>1. Entity Name</b><br>THE ENCLAVE II AT SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                        |  |
| <b>Principal Place of Business</b><br>7541 SW 61ST AVENUE<br>SOUTH MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            |                                                                                                                            | <b>Mailing Address</b><br>7541 SW 61ST AVENUE<br>SOUTH MIAMI, FL 33143                                                                                                                                                |                                                                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br><br>Suite, Apt. #, etc.<br><b>Box 7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            | <b>3. Mailing Address</b><br><br>Suite, Apt. #, etc.<br>City & State                                                       |                                                                                                                                                                                                                       |                                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                            | City & State                                                                                                               |                                                                                                                                                                                                                       | <b>4. FEI Number</b><br>APPLIED FOR 20-4888321                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            | Country                                                                                                                    |                                                                                                                                                                                                                       | Zip                                                                                                    |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            | Country                                                                                                                    |                                                                                                                                                                                                                       | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GOMEZ, ORLANDO<br>7100 S.W. 44TH STREET<br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                            |                                                                                                                            | <b>7. Name and Address of New Registered Agent</b><br>Name <b>AIMEE G. OSBORNE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7541 SW 61ST AVE UNIT 3</b><br>City <b>SOUTH MIAMI</b> FL <b>33143</b> |                                                                                                        |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                        |  |
| SIGNATURE <u>AIMEE G. OSBORNE</u> <i>[Signature]</i> <u>26 JAN 07</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                        |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            | <b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                       | <b>Make check payable to Florida Department of State</b>                                               |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                          |                                                                                                        |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>GOMEZ, ORLANDO JR.<br><b>STREET ADDRESS</b><br>7100 SW 44ST STREET<br><b>CITY - ST - ZIP</b><br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> Delete |                                                                                                                            | <b>TITLE</b><br>PD<br><b>NAME</b><br>AIMEE G. OSBORNE<br><b>STREET ADDRESS</b><br>7541 SW 61ST AVE UNIT 3<br><b>CITY - ST - ZIP</b><br>S. MIAMI, FL 33143                                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>VTD<br><b>NAME</b><br>FORNARIS, ANGEL<br><b>STREET ADDRESS</b><br>7100 SW 44ST STREET<br><b>CITY - ST - ZIP</b><br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> Delete |                                                                                                                            | <b>TITLE</b><br>VD<br><b>NAME</b><br>NANCY LUZKO<br><b>STREET ADDRESS</b><br>7541 SW 61ST AVE UNIT 2<br><b>CITY - ST - ZIP</b><br>S. MIAMI, FL 33143                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>GOMEZ, ORLANDO<br><b>STREET ADDRESS</b><br>7100 SW 44ST STREET<br><b>CITY - ST - ZIP</b><br>MIAMI, FL 33155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Delete |                                                                                                                            | <b>TITLE</b><br>SD<br><b>NAME</b><br>NANCY LUZKO<br><b>STREET ADDRESS</b><br>7541 SW 61ST AVE UNIT 2<br><b>CITY - ST - ZIP</b><br>S. MIAMI, FL 33143                                                                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            |                                                                                                                            | <b>TITLE</b><br>TD<br><b>NAME</b><br>GRETTEL NORWEG<br><b>STREET ADDRESS</b><br>7541 SW 61ST AVE UNIT 1<br><b>CITY - ST - ZIP</b><br>S. MIAMI, FL 33143                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            |                                                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Delete            |                                                                                                                            | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY - ST - ZIP</b>                                                                                                                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                      |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.</b> |                                            |                                                                                                                            |                                                                                                                                                                                                                       |                                                                                                        |  |
| <b>SIGNATURE:</b> <i>[Signature]</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            |                                                                                                                            | <b>26 JAN 07 (305) 347-2787</b>                                                                                                                                                                                       |                                                                                                        |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                                                                            | <small>Date Daytime Phone #</small>                                                                                                                                                                                   |                                                                                                        |  |