2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006771

FILED Apr 04, 2007 Secretary of State

Entity Name: THE ENCLAVE AT OXFORD PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 20-3929387 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:

HART, JAMES W 2180 W. SR 434 STE., 5000 KONGWOOD, FL 327795044 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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

KROPP, STEVEN G. TAYLOR, SHERI S Name: Name:

800 N. HIGHLAND AVE., STE. 200 Address: 6819 HONEYSUCKLE TER Address: City-St-Zip: ORLANDO, FL 32803 City-St-Zip: BRADENTON, FL 34202

(X) Change () Addition Title: DST () Delete Title: Name: CARLTON, CHARLES S. Name: TAYLOR, ALBERT R

Address: 800 N. HIGHLAND AVE., STE. 200 Address: 6819 HONEYSUCKLE TER City-St-Zip: ORLANDO, FL 32803 City-St-Zip: BRADENTON, FL 34202

Title: () Delete Title: STD (X) Change () Addition

MCKINNEY, E. JOSEPH WEST, CANDACE M Name: Name: 800 N. HIGHLAND AVE., STE. 200 12360 S PLEASANT GROVE RD Address: Address:

City-St-Zip: ORLANDO, FL 32803 City-St-Zip: FLORAL CITY, FL 34436

I hereby certify that the information supplied with this filing does not qualify for the 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: SHERI S TAYLOR PD 04/04/2007