

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008210

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** THE ENCLAVE AT INLET BEACH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4481 LEGENDARY DR., SUITE 200  
DESTIN, FL 32541

**New Principal Place of Business:**

5426 BUCKLAND WAY  
MABLETON, GA 30126

**Current Mailing Address:**

5426 BUCKLAND WAY  
MABLETON, GA 30126

**New Mailing Address:**

**FEI Number:** 20-2776879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONERLY, LAMAR A JR.  
4481 LEGENDARY DR., SUITE 200  
DESTIN, FL 32541 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: D ( ) Delete  
Name: BARBER, EDWARD Z  
Address: 5426 BUCKLAND WAY  
City-St-Zip: MABLETON, GA 30126

Title: D ( ) Delete  
Name: BARBER, LUANAD C  
Address: 5426 BUCKLAND WAY  
City-St-Zip: MABLETON, GA 30126

Title: D ( ) Delete  
Name: LEWIS, JOSEPH F  
Address: 3301 WENLOCK EDGE  
City-St-Zip: SYMRNA, GA 30080

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: BARBER, LUANA C  
Address: 5426 BUCKLAND WAY  
City-St-Zip: MABLETON, GA 30126

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

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: EDWARD BARBER

MGR

04/30/2008

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

\_\_\_\_\_  
Date