2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006
Secretary of State

DOCUMENT# N05000009237

Entity Name: THE ENCLAVE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

101 SOUTH WYMORE ROAD SUITE 400
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

101 SOUTH WYMORE ROAD
SUITE 400
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

101 SOUTH WYMORE ROAD SUITE 400
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

101 SOUTH WYMORE ROAD
SUITE 400
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-3805529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BINES, MARK A
101 SOUTH WYMORE ROAD SUITE 400
ALTAMONTE SPRINGS, FL 32714 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: DP ( ) Delete
Name: BINES, MARK A
Address: 101 SOUTH WYMORE ROAD SUITE 400
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DV ( ) Delete
Name: LEWIS, ROBERT T
Address: 101 SOUTH WYMORE ROAD SUITE 400
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DST ( ) Delete
Name: MIRGLE, TARA D
Address: 101 SOUTH WYMORE ROAD SUITE 400
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TARA D. MIRGLE DST 03/31/2006

Electronic Signature of Signing Officer or Director — Date