

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011774

FILED
Apr 23, 2009
Secretary of State

Entity Name: ENCLAVE HOMEOWNERS ASSOCIATION OF FREEPORT, INC.

Current Principal Place of Business:

13161 EMERALD COAST PKWY
PANAMA BEACH, FL 32413

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4738
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-3827687 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIDMAN, SHANNON L
56 SPIRES LANE
16A
SANTA ROSA BEACH, FL 32459 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 () Delete
Name: BOTTEMS, RITA
Address: P.O. BOX 4738
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: VP () Delete
Name: MURPHY, DWAIN
Address: 2277 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: S/T () Delete
Name: WITHERSPOON, JOHN
Address: P.O. BOX 4738
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MURPHY, DWAIN
Address: 487 TERRACINA WAY
City-St-Zip: NAPLES, FL 34119

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: DWAIN MURPHY

Electronic Signature of Signing Officer or Director

VP

04/23/2009

_____ Date