

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000012354

1. Entity Name
**ENCLAVE AT IMPERIAL LAKES HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**3020 S FLORIDA AVE SUITE 101
LAKELAND, FL 33803**

Mailing Address
**3020 S FLORIDA AVE SUITE 101
LAKELAND, FL 33803**



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4112079

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, ROBERT J
3020 S FLORIDA AVE SUITE 101
LAKELAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP ADAMS, D JOEL 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV ADAMS, ROBERT J 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST LINDSEY, GEORGE M III 3020 S FLORIDA AVE SUITE 101 LAKELAND, FL 33803 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/31/08-80014-007 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #