2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005398

FILED Jaņ 0<u>9, 2</u>009 Secretary of State

Entity Name: ENCLAVE AT HIAWASSEE HOMEOWNERS' ASSOCIATION, INC.

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

5401 SOUTH KIRKMAN ROAD #450

ORLANDO, FL 32819

New Mailing Address: Current Mailing Address:

5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819

FEI Number: 26-0483757 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:

COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 SOUTH KIRKMAN ROAD #450 ORLANDO, FL 32819 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete O'DOWD, STEVEN O'DOWD, STEVEN Name: Name: 241 S. WESTMONTE #1010 Address: 393 OLD ALEMANY PLACE Address:

City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: OVIEDO, FL 32765

Title: Title: (X) Change () Addition () Delete HISS, STEVE Name: HISS, STEVE Name:

Address: 241 S. WESTMONTE #1010 Address:

393 OLD ALEMANY PLACE City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: OVIEDO, FL 32765

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

PEREZ, DENIS PEREZ, DENNIS Name: Name: 241 S. WESTMONTE #1010 393 OLD ALEMANY PLACE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: OVIEDO, FL 32765

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: STEVEN O'DOWD D 01/09/2009