

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90006 041 \*\*\*\*70.00

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<b>DOCUMENT # N06000005435</b> 1. Entity Name <b>THE ENCLAVE AT SEVEN HILLS PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>8801 RIVER CROSSING BOULEVARD NEW PORT RICHEY, FL 34655</b>			Mailing Address <b>8801 RIVER CROSSING BOULEVARD NEW PORT RICHEY, FL 34655</b>		
2. Principal Place of Business - No P.O. Box # <b>9400 River Crossing Blvd.</b>		3. Mailing Address <b>9400 River Crossing Blvd.</b>		02262007    Chg-NP    CR2E037 (12/06)  4. FEI Number <b>20-8610669</b> Applied For Not Applicable  5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. <b>Suite 102</b>		Suite, Apt. #, etc. <b>Suite 102</b>			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>			
Zip <b>34655</b>	Country <b>Pasco</b>	Zip <b>34655</b>	Country <b>Pasco</b>		
6. Name and Address of Current Registered Agent  <b>GIRARDI, JAMES P 8801 RIVER CROSSING BOULEVARD NEW PORT RICHEY, FL 34655</b>				7. Name and Address of New Registered Agent Name <b>Jaime P. Girardi</b> Street Address (P.O. Box Number is Not Acceptable) <b>9400 River Crossing Blvd. Suite 102</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34655</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIRARDI, JAIME P <input type="checkbox"/> Delete 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd, Suite 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRIEDLAND, LEW <input type="checkbox"/> Delete 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DIETERS, STEPHANIE D <input type="checkbox"/> Delete 9020 RANCHO DEL RIO DRIVE, SUITE 125 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9400 River Crossing Blvd., Suite 102 New Port Richey, FL 34655	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Jaime P. Girardi</i> _____ Jaime P. Girardi, President			3/2/07    727-376-6831 Date    Daytime Phone #		