

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009755

FILED
Aug 16, 2007
Secretary of State

Entity Name: THE ENCLAVE AT ALTAMONTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2450 MAITLAND CENTER PARK SUITE 301
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

2450 MAITLAND CENTER PARK SUITE 301
MAITLAND, FL 32751

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RENY, JOHN
2450 MAITLAND CENTER PARKWAY SUITE 301
MAITLAND, FL 32751 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:

Title: PD () Delete
Name: RENY, JOHN
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: TRABACK, BILL
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

Title: STD () Delete
Name: GEHRHARDT, MARY
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: MOXLEY, TIM
Address: 2450 MAITLAND CENTER PARKWAY SUITE 301
City-St-Zip: MAITLAND, FL 32751

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: MARY GEHRHARDT

STD

08/16/2007

Electronic Signature of Signing Officer or Director

Date