2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N08000000691

Entity Name: ENCLAVE OF CARROLLWOOD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10822 TRADITION LOOP
TAMPA, FL 33618 US

New Principal Place of Business:

Current Mailing Address:

10822 TRADITION LOOP
TAMPA, FL 33618 US

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:

SALGADO, JASON T
5301 W. CYPRESS STREET
SUITE 204
TAMPA, FL 33618 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: ANDREW, SCOTT
Address: 10824 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

Title: VP ( ) Delete
Name: BOGGS, JOAN
Address: 10826 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

Title: SEC ( ) Delete
Name: KOLODNER, BOB
Address: 10820 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

Title: TRE ( ) Delete
Name: SALGADO, JASON
Address: 10822 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

Title: AST ( ) Delete
Name: DAILY, BILL
Address: 10816 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JASON SALGADO TRE 05/04/2009
Electronic Signature of Signing Officer or Director — Date