

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000691

FILED
Apr 26, 2011
Secretary of State

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:

10826 TRADITION LOOP
TAMPA, FL 33618 US

Current Mailing Address:

10822 TRADITION LOOP
TAMPA, FL 33618 US

New Mailing Address:

10826 TRADITION LOOP
TAMPA, FL 33618 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

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
Name: ANDREW, SCOTT
Address: 10824 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

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

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

Title: TRE
Name: BOGGS, JOAN
Address: 10826 TRADITION LOOP
City-St-Zip: TAMPA, FL 33618 US

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

I hereby 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 all other like empowered.

SIGNATURE: JASON SALGADO

RA

04/26/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date