


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N18640</b> 1. Entity Name <b>THE ENCLAVE AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>1560 FLAGLER PKWY WEST PALM BEACH FL 33411 US</b>	Mailing Address <b>1560 FLAGLER PKWY WEST PALM BEACH FL 33411 US</b>
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MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address	4. FEI Number <b>59-2770565</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip	Country	Zip
	Country	

<b>6. Name and Address of Current Registered Agent</b>
<b>DAVIS, BARBARA 107 HERON PARKWAY ROYAL PALM BEACH FL 33411</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DAVIS, BARBARA</b> <b>107 HERON PARKWAY</b> <b>ROYAL PALM BEACH FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000040176</b> <b>02/09/04-80036-013 61.25</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>CHARLES, WOLF</b> <b>1439 ENCLAVE CIR</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VPD</b> <b>WAGNER, ROSE</b> <b>1410 ENCLAVE CIR</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>RENDINA, MARGIE</b> <b>1549 ENCLAVE CIRCLE</b> <b>WEST PALM BEACH FL 33411</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: Barbara Davis **BARBARA DAVIS** 2/4/04 561-653-6306