

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18640

FILED
Jan 19, 2009
Secretary of State

Entity Name: THE ENCLAVE AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1560 FLAGLER PKWY
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 59-2770565

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON-STRAGE, JENNIFER
2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409 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: PD () Delete
Name: HARALD, DUDE
Address: 1450 ENCLAVE CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: PATRICIA, LEGERE
Address: 1679 ENCLAVE CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: ARTURO, ZINDEL
Address: 1410 ENCLAVE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: INGRID, WOLF
Address: 1439 ENCLAVE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: HARALD, DUDE
Address: 1450 ENCLAVE CIR
City-St-Zip: WEST PALM BEACH, FL 33411

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: HARALD DUDE

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date