

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18640

**FILED**  
**Feb 25, 2012**  
**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:** D  
**Name:** ARTURO, ZINDEL  
**Address:** 1449 ENCLAVE CIR  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** D  
**Name:** WILLIAM, NAPLETON  
**Address:** 1439 ENCLAVE CIRCLE  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** D  
**Name:** DENISE, DUDE  
**Address:** 1450 ENCLAVE CIRCLE  
**City-St-Zip:** WEST PALM BEACH, FL 33411

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:** ARTURO ZINDEL

D

02/25/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date