

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29745

FILED  
Apr 03, 2008  
Secretary of State

**Entity Name:** ENCLAVE COMMUNITY PROPERTY ASSOCIATION, INC.

**Current Principal Place of Business:**

3655 SCENIC HWY 98E  
DESTIN, FL 32541 US

**New Principal Place of Business:**

**Current Mailing Address:**

10221 EMERALD COAST PARKWAY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 US

**New Mailing Address:**

**FEI Number:** 59-2503063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GELDER, JAY B  
10221 EMERALD COAST PARKWAY WEST  
SUITE 23  
MIRAMAR BEACH, FL 32550 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: VPD ( ) Delete  
Name: BLIMLING, SAM  
Address: 3655 SCENIC HWY 98, #701B  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: VINCENT, MARGO  
Address: 1546 BAYTOWNE AVENUE NORTH  
City-St-Zip: SANDESTIN, FL 32550

Title: TD ( ) Delete  
Name: MONTGOMERY, BOB  
Address: 1709 GRIFFIN GATE RD.  
City-St-Zip: LOUISVILLE, KY 40205

Title: PD ( ) Delete  
Name: O'CONNOR, JIM  
Address: 3655 SCENIC HWY 98 #205B  
City-St-Zip: DESTIN, FL 32541

Title: D ( ) Delete  
Name: KLOSTERMAN, HANK  
Address: 3655 SCENIC HWY 98 #503B  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: CAIN, CONNIE  
Address: 65 MIRA FLORES CT.  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: D (X) Change ( ) Addition  
Name: SCALI, RICHARD  
Address: 3675 SCENIC HWY 98  
City-St-Zip: DESTIN, FL 32550

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: SD (X) Change ( ) Addition  
Name: MALMSTEN, JO  
Address: 3655 SCENIC HWY 98, #B303  
City-St-Zip: DESTIN, FL 32541

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: JAMES O'CONNOR

PD

04/03/2008

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

\_\_\_\_\_  
Date