2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004
Secretary of State

DOCUMENT# N37880

Entity Name: THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

30 ENCLAVE PT SO
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1750
HOMOSASSA SPRINGS, FL 34447 US

New Mailing Address:

FEI Number: 65-0286737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNKER, TED G
30 ENCLAVE PT SO.
HOMOSASSA, FL 34446

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 ( ) Delete
Name: FANELLI, ANTHONY X
Address: 26 EBCLAVE PT S
City-St-Zip: HOMOSASSA, FL 34446

Title: DV ( ) Delete
Name: STEFFEN, PATRICIA
Address: 9 ENCLAVE PT SO
City-St-Zip: HOMOSASSA, FL 34446

Title: T ( ) Delete
Name: DUNKER, TED G
Address: 30 ENCLAVE PT S
City-St-Zip: HOMOSASSA, FL 34446

Title: PD ( ) Delete
Name: BECKER, RICHARD
Address: 11 ENCLAVE PT SO.
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete
Name: MARGARET, TRUTY
Address: 34 ENCLAVE PE SO
City-St-Zip: HOMOSASSA, FL 34446

Title: D ( ) Delete
Name: LATHAM, GLENN
Address: 17 ENCLOVE PT S
City-St-Zip: HOMOSASSA, FL 34446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DUNKER, MARY C
Address: 30 ENCLAVE POINT SOUTH
City-St-Zip: HOMOSASSA, FL 34446

Title: DP (X) Change ( ) Addition
Name: STEFFEN, PATRICIA
Address: 9 ENCLAVE PT SO
City-St-Zip: HOMOSASSA, FL 34446

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

Title: D (X) Change ( ) Addition
Name: BRENDA, BISHARA
Address: 15 ENCLAVE POINT SOUTH
City-St-Zip: HOMOSASSA, FL 34446

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

Title: D (X) Change ( ) Addition
Name: CURE, SALLY
Address: 19 ENCLAVE POINT SOUTH
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TED DUNKER T 02/04/2004
Electronic Signature of Signing Officer or Director — Date

ROLAND ABERLE
31 ENCLAVE POINT SOUTH
HOMOSASSA, FL 34446