2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44345

FILED Mar 29, 2009 Secretary of State

Entity Name: THE ENCLAVE AT GLENEAGLES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US **Current Mailing Address: New Mailing Address:** 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US FEI Number: 59-3080575 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WHETZEL, TERRI B 600 EAST TARPON AVENUE TARPON SPRINGS, FL 34689 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KEIL, WERNER Name: Name: 4125 SETON CIRCLE Address: Address: City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip: Title: VPD () Delete Title: (X) Change () Addition MORRIN, DAVID K Name: MORRIN, DAVID K Name: Address: 4153 SETON CIRCLE Address: 4153 SETON CIRCLE City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip: PALM HARBOR, FL 34683 US Title: () Delete Title: **VPD** (X) Change () Addition BURKET, JUDITH A BURKET, JUDITH A Name: Name: Address: 4120 SETON CIR Address: 4120 SETON CIR City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip: PALM HARBOR, FL 34683 US Title: TD () Delete Title: () Change () Addition Name: ANDREWS, PAUL T Name: Address: 4113 SETON CIRCLE Address: City-St-Zip: PALM HARBOR, FL 34683 US City-St-Zip: Title: () Delete Title: SD (X) Change () Addition TIGHT, DOUGLAS F Name: Name: BICKELL, NOVA M 4163 SETON CIRCLE 2110 TREVOR ROAD Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: PALM HARBOR, FL 34683

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: WERNER KEIL PD 03/29/2009