
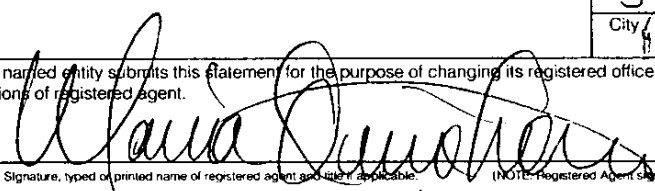
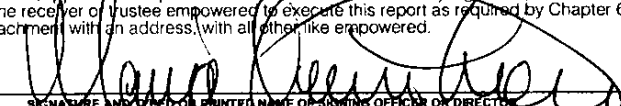


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90028 031 ****61.25

DOCUMENT # N45814 1. Entity Name THE ENCLAVE AT GRAND PALMS ASSOCIATION, INC.					
Principal Place of Business 101 GRAND PALM DR PEMBROKE PINES, FL 33027 US			Mailing Address 101 GRAND PALM DR PEMBROKE PINES, FL 33027 US		
2. Principal Place of Business - No P.O. Box # Miami Management Suite, Apt. #, etc. 15805 SW 11 St		3. Mailing Address 15805 SW 11 Street Suite, Apt. #, etc.			
City & State Pembroke Pines, FL Zip 33027		City & State Pembroke Pines, FL Zip 33027		Country US	
4. FEI Number 65-0197278				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEGALL, SANDY 110 GRAND PALMS DRIVE PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent Name Maria Quintana Street Address (P.O. Box Number is Not Acceptable) 511 Enclave Circle East City Pembroke Pines FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> 1-14-08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TUFFIN, MARY 505 ENCLAVE CIRCLE EAST PEMBROKE PINES, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CLAUSMAN, DEBORAH 575 ENCLAVE CIRCLE WEST HOLLYWOOD, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CASIANO, ROY 500 ENCLAVE CIRCLE WEST HOLLYWOOD, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Quintana, Maria 511 Enclave Circle East Pembroke Pines, FL 33027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			1-14-08 954-438-0008 <small>Date Daytime Phone #</small>		

40005634



01082008 Chg-NP CR2E037 (12/06)