2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45853

FILED Apr 18, 2006 Secretary of State

Entity Name: THE ENCLAVE HOMEOWNERS' ASSOCIATION OF OSCEOLA COUNTY, INC.

Current Principal Place of Business:

New Principal Place of Business:

3122 ENCLAVE COURT 8009 S. ORANGE AVENUE KISSIMMEE, FL 34746 US ORLANDO, FL 32806

Current Mailing Address: New Mailing Address:

3122 ENCLAVE COURT 8009 S. ORANGE AVENUE KISSIMMEE, FL 34746 US ORLANDO, FL 32806

FEI Number: 59-3185272 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:

FURLOW, REBECCA C/O LAND MANAGEMENT INC 8009 S. ORANGE AVENUE ORLANDO, FL 328096711 US LELAND MANAGEMENT, INC 8009 S. ORANGE AVENUE ORLANDO, FL 32806 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: REBECCA FURLOW 04/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:P () DeleteTitle:ST (X) Change () AdditionName:BUNGART, ANNAName:BUNGART, ANNAAddress:3139 ENCLAVE COURTAddress:3139 ENCLAVE COURT

Address: 3139 ENCLAVE COURT Address: 3139 ENCLAVE COURT City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete Title: P (X) Change () Addition Name: BISHOP, DENNIS Name: BREA, GREGORY

 Address:
 3140 ENCLAVE CT.
 Address:
 2700 RAMBLING OAKS WAY

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

Title: BM () Delete Title: VP (X) Change () Addition

 Name:
 BROADHEAD, DAVID
 Name:
 DORMINY, TIMOTHY

 Address:
 3132 ENCLAVE CT
 Address:
 3133 ENCLAVE CT

 City-St-Zip:
 KISSIMMEE, FL 34746
 City-St-Zip:
 KISSIMMEE, FL 34746

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY BREA P 04/18/2006