

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45853

FILED
Apr 22, 2008
Secretary of State

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

Current Principal Place of Business:

8009 S. ORANGE AVENUE
ORLANDO, FL 32806

New Principal Place of Business:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

Current Mailing Address:

8009 S. ORANGE AVENUE
ORLANDO, FL 32806

New Mailing Address:

5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822

FEI Number: 59-3185272

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LELAND MANAGEMENT, INC
8009 S. ORANGE AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

LELAND MANAGEMENT, INC
5955 T.G. LEE BLVD
SUITE 300
ORLANDO, FL 32822 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:

04/22/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: BUNGART, ANNA
Address: 3139 ENCLAVE COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: P () Delete
Name: ACEVEDO, ROSANNA
Address: 3127 ENCLAVE COURT
City-St-Zip: KISSIMMEE, FL 34746

Title: VP () Delete
Name: ALDERMAN, LINDA
Address: 3106 ENCLAVE COURT
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANNA BUNGART

ST

04/22/2008

Electronic Signature of Signing Officer or Director

Date