

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90179 013 ****61.25

DOCUMENT # N51480

1. Entity Name

THE ENCLAVE AT SILVERLAKES HOMEOWNERS'
ASSOCIATION, INC.



Principal Place of Business

C/O PINE PROPERTY MGT
19620 PINES BLVD STE 205
PEMBROKE PINES, FL 33029 US

Mailing Address

C/O PINES PROPERTY MGT
P O BOX 820100
SO FLORIDA, FL 33082-0100 US



02092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0425165

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS R EVANS JR
PINES PROPERTY MGT
19620 PINES BLVD STE 205
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PRATO, RICHARD
STREET ADDRESS	1206 NW 180 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	TD
NAME	PASSMAN, PAUL
STREET ADDRESS	1233 NW 179 TERR
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	SD D
NAME	ROSEN, HOWARD
STREET ADDRESS	17931 NW 9TH CT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D
NAME	LONG, RON
STREET ADDRESS	17592 NW 9CT
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	D S
NAME	JULIEN, JOHN
STREET ADDRESS	1203 NW 180 AVE
CITY-ST-ZIP	PEMBROKE PINES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-06