


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90088 050 ****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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0425165	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRATO, RICHARD			NAME	
STREET ADDRESS	1206 NW 180 AVE			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASSMAN, PAUL			NAME	
STREET ADDRESS	1233 NW 179 TERR			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, HOWARD			NAME	
STREET ADDRESS	17931 NW 9TH CT			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, RON			NAME	
STREET ADDRESS	17592 NW 9CT			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIEN, JOHN			NAME	
STREET ADDRESS	1203 NW 180 AVE			STREET ADDRESS	
CITY - ST - ZIP	PEMBROKE PINES, FL			CITY - ST - ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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:  RICHARD S. PRATO <div style="float: right; text-align: right;"> 2/4/08 954 240 9348 <small>Date Daytime Phone #</small> </div>					