

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51480

FILED
Apr 24, 2009
Secretary of State

Entity Name: THE ENCLAVE AT SILVERLAKES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

C/O PINES PROPERTY MGT
P O BOX 820100
SO FLORIDA, FL 330820100 US

New Mailing Address:

FEI Number: 65-0425165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE
SUITE 210
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRATO, RICHARD
Address: 1206 NW 180 AVE
City-St-Zip: PEMBROKE PINES, FL

Title: TD () Delete
Name: PASSMAN, PAUL
Address: 1233 NW 179 TERR
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: ROSEN, HOWARD
Address: 17931 NW 9TH CT
City-St-Zip: PEMBROKE PINES, FL

Title: D () Delete
Name: LONG, RON
Address: 17592 NW 9CT
City-St-Zip: PEMBROKE PINES, FL

Title: DS () Delete
Name: JULIEN, JOHN
Address: 1203 NW 180 AVE
City-St-Zip: PEMBROKE PINES, FL

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:

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: RICHARD PRATO

PD

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date