2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000001476

1. Entity Name
ENCLAVE HOMEOWNER'S ASSOCIATION, INC. AT EAST LAKE WOODLANDS



04-19-2007 90181 044 ****61.25

Apr 19, 2007 8:00 am Secretary of State

FILED

			CONT.				
Principal Place 1050A EAST OLDSMAR, FI	LAKE WOODLANDS PARKWAY	Mailing Address 1050A EAST LAKE WOODI OLDSMAR, FL 34677	EAST LAKE WOODLANDS PARKWAY		ı Giliri Bürli Abını Golin Barılı B	1918) iran besh tabun biri	11 8 1 /811
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	<u></u>				
Suite, Apt.	#, etc. 720 Brooker Creek	Rlvd. #206		02222007 C	hg-NP CR	2E037 (12/06)	
City & State		BIV u. #200		4. FEI Number 59-337191	12	<u> </u>	lied For Applicable
Zip			Country	5. Certificate of Status Desired			<u></u>
	6. Name and Address of Current R	egistered Agent		7. Name and Add	tress of New Registe		
SCANNAVINO, DOMINICK MANAGEMENT & ASSOCIATES 1050A E. LW PKWY. OLDSMAR, FL 34677			Street 720	Scannavino, Inc. 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677			
8. The above named entity's bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am (arminar with, and accept the obligations of registered agent, or both, in the State of Fiorida.							
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Plorida Department of State		
10.	OFFICERS AND DIRE	CTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN 1	0
TITLE	DP	☐ Delete	TITLE			Change	☐ Addition
NAME	MEZER, STÉVEN		NAME	20 BROOK	- 0-==	RIVE T	206
STREET ADDRESS : CITY-ST-ZIP	1050 A ELW PKWY OLDSMAR, FL 34677		STREET ADDRESS 72	20 BROOK	ER CRECK	. DEVB . "	
TITLE	TD	☐ Delete	TITLE			Change	Addition
NAME	STICCO, LEWIS	_	NAME		0	•	_
STREET ADDRESS	1050 A ELW PKWY		STREET ADDRESS 7	20 BROOKE	a Creek R	えva. 本入	26
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP				
TITLE	D	Delete	TITLE			Change	Addition
NAME	BASSIL, JAMES		NAME		0		
STREET ADDRESS	1050 A ELW PKWY		STREET ADDRESS 7	20 BROOKEN	LCREEK, B	Lrs. Fa	6
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP				
TITLE	VP	Delete	TITLE			🔀 Change	☐ Addition
NAME	NORBERG, ANDA		NAME	O BROOKE	ca Case	+ Q	45.0
STREET ADDRESS	1050 A ELW PKWY			10/C30/C6	in Ciceci	~ OLPD . 7	# 005
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP				
TITLE	SD SUATANI MADAINDAS	☐ Delete	TITLE			🔀 Change	Addition
NAME CTREET ADDRESS	CHATANI, NARAINDAS		NAMÉ	20 BROOK	En COSE	+ R. 12 .	# \ /
STREET ADDRESS CITY-ST-ZIP	1050 A ELW PKWY OLDSMAR, FL 34677		STREET ADDRESS 7.	LO DIWOR	iero Ocerci	1 1 NOVO . 1	7 100
	D D DOWNAR, TE STOTT	D Dutata	—— —			Change	Addition
TITLE NAME	STEIN, JEFFREY	Delete	NAME R	omANO,L	لدرر	☐ Change	Addition
STREET ADDRESS	105A ELW PKWY		STREET ADDRESS 7	DO BROOK	EN CRE	EK BLV	> #204
CITY-ST-ZIP	OLDSMAR, FL 34677		CITY-ST-ZIP	omANO, L DO BROOK LDSM AR	6234	47 7	_ ``
		nis filing does dot qualify for th	e exemptions contai	ned in Chapter 119 Flo	rida Statutes. I further	r certify that the info	ormation
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 ampow

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF ST

ATTACHMENT

N9500001476

ENCLAVE HOMEOWNERS ASSOCIATION, INC. AT EASTLAKE WOODLANDS

D Thogmartin, Jon 720 Brooker Creek Blvd. #206 Oldsmar, FL 34677