


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90083 008 \*\*\*\*61.25

<b>DOCUMENT # N97000000950</b>	
1. Entity Name <b>ENCLAVE AT WESTCHESTER HOMEOWNER'S ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O VICTORY ACCOUNTING SERVICES 1375 GATEWAY BLVD. BOYNTON BEACH, FL 33426</b>	Mailing Address <b>C/O VICTORY ACCOUNTING SERVICES PO BOX 43214 BOYNTON BEACH, FL 33424-3214</b>
--	---

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

03302007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0822262</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

<b>6. Name and Address of Current Registered Agent</b>
<b>FEIGHT, VICKI 1375 GATEWAY BLVD. BOYNTON BEACH, FL 33426</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IANNAZZONE, JOSEPH 6338 WESTCHESTER CLUB DRIVE N BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRADELLA, RAYMOND 6370 WESTCHESTER CLUB DRIVE N BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARTELL, J. ED 6406 WESTCHESTER CLUB DRIVE N BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSS, ALBERT 6394 WESTCHESTER CLUB DRIVE N BOYNTON BEACH, FL 33437 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CEVASCO, GEORGE 6378 WESTCHESTER CLUB DR. N BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PETER LLAGANO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6389 N. Westchester Club Dr.</b> <b>IVP Boynton Bch, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RAY GIAMARCO</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>6362 N. Westchester Club Dr.</b> <b>Boynton Beach, FL 33437</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Joseph Iannazzo **4/20/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

40075869

