

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000950

FILED
Apr 09, 2009
Secretary of State

Entity Name: ENCLAVE AT WESTCHESTER HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O VICTORY ACCOUNTING SERVICES
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

C/O VICTORY ACCOUNTING SERVICES
1500 GATEWAY BLVD. #220
BOYNTON BEACH, FL 33426

Current Mailing Address:

C/O VICTORY ACCOUNTING SERVICES
PO BOX 43214
BOYNTON BEACH, FL 334243214

New Mailing Address:

C/O VICTORY ACCOUNTING SERVICES
PO BOX 243214
BOYNTON BEACH, FL 334243214

FEI Number: 65-0822262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIGHT, VICKI
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

FEICHT, VICKI
1500 GATEWAY BLVD. #220
BOYNTON BEACH, FL 33426 US

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: VICKI FEICHT

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IANNAZZONE, JOSEPH
Address: 6338 WESTCHESTER CLUB DRIVE N
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: FRADELLA, RAYMOND
Address: 6370 WESTCHESTER CLUB DRIVE N
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T () Delete
Name: LLAGANO, PETER
Address: 6389 N. WESTCHASTER CLUB DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP () Delete
Name: GIAMARCO, RAY
Address: 6362 N. WESTCHESTER CLUB DR
City-St-Zip: BOYNTON BEACH, FL 33437

Title: SD () Delete
Name: CEVASCO, GEORGE
Address: 6378 WESTCHESTER CLUB DR. N
City-St-Zip: BOYNTON BEACH, FL 33437

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: JOSEPH IANNAZZONE

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date