

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Jul 25, 2008
Secretary of State

DOCUMENT# N97000006500

Entity Name: THE ENCLAVE AT THE LAKES AT THREE OAKS HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US**New Principal Place of Business:**6719 WINKLER RD
STE 200
FT MYERS, FL 33919 US**Current Mailing Address:**C/O R & P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US**New Mailing Address:**6719 WINKLER RD
STE 200
FT MYERS, FL 33919 US**FEI Number:** 65-0841440**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**R&P PROPERTY MANAGEMENT
265 AIRPORT RD S
NAPLES, FL 34104 US**Name and Address of New Registered Agent:**ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER RD
FT MYERS, FL 33919 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: MILLIE STROHM

07/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MABREY, BEN
Address: 9160 KINGS COVE CT
City-St-Zip: FORT MYERS, FL 33967

Title: TD () Delete
Name: GOODRICH, GINA
Address: 17500 STERLING LAKE DR
City-St-Zip: FORT MYERS, FL 33967

Title: SD () Delete
Name: HIRSCH, GERALD
Address: 17550 STERLING LAKE DR
City-St-Zip: FORT MYERS, FL 33967

Title: VPD () Delete
Name: FABIAN, MICHAEL
Address: 17390 STERLING LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33967

Title: D (X) Delete
Name: PETERSON, OLE
Address: 9151 BLUE LAKE CT
City-St-Zip: FORT MYERS, FL 33967

Title: D (X) Delete
Name: RODINO, PETER
Address: 17440 STERLING LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33967

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
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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: BEN MABREY

PD

07/25/2008

Electronic Signature of Signing Officer or Director

Date