

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90035 009 \*\*\*\*61.32

**DOCUMENT # N98000005761**

1. Entity Name

**THE ENCLAVE OF PASCO COUNTY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business

STERLIND MANAGEMENT SERVICES  
2870 SCHERER DR NORTH SUITE 100  
SAINT PETERSBURG FL 33716  
US

Mailing Address

STERLIND MANAGEMENT SERVICES  
2870 SCHERER DR NORTH SUITE 100  
SAINT PETERSBURG FL 33716  
US

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

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-3539700

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COTTERILL, RON  
1010 NORTH FLORIDA AVE  
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when reappointing)

DATE

**FILE NOW: FEE: \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | P                     | <input type="checkbox"/> Delete            |
| NAME           | FINDLEY, ERIC         |                                            |
| STREET ADDRESS | 24721 RAVELLO ST      |                                            |
| CITY-ST-ZIP    | LAND O LAKES FL 34639 |                                            |
| TITLE          | D                     | <input type="checkbox"/> Delete            |
| NAME           | YONKIN, HARRY         |                                            |
| STREET ADDRESS | 24940 RAVELLO ST      |                                            |
| CITY-ST-ZIP    | LAND O LAKES FL 34639 |                                            |
| TITLE          | S                     | <input type="checkbox"/> Delete            |
| NAME           | FAZIO, MARY LOU       |                                            |
| STREET ADDRESS | 3145 ANNE JOLLEY CT   |                                            |
| CITY-ST-ZIP    | LAND O LAKES FL 34639 |                                            |
| TITLE          | VP                    | <input type="checkbox"/> Delete            |
| NAME           | FALES, JAN            |                                            |
| STREET ADDRESS | 24721 RAVELLO ST      |                                            |
| CITY-ST-ZIP    | LAND O LAKES FL 34639 |                                            |
| TITLE          | T                     | <input checked="" type="checkbox"/> Delete |
| NAME           | HERNANDEZ, ANDRES     |                                            |
| STREET ADDRESS | 24804 HYDE PARK       |                                            |
| CITY-ST-ZIP    | LAND O LAKES FL 34639 |                                            |
| TITLE          |                       | <input type="checkbox"/> Delete            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | T                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | FIGUERO, JOSE           |                                                                              |
| STREET ADDRESS | 24913 RAVELLO ST.       |                                                                              |
| CITY-ST-ZIP    | LAND O LAKES, FL. 34639 |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Eric Findley*

Eric Findley

1/26/08

813. 991.6009