

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005761

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE ENCLAVE OF PASCO COUNTY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3539700

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 NORTH FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FINDLEY, ERIC
Address: 24721 RAVELLO ST
City-St-Zip: LAND O LAKES, FL 34639

Title: D () Delete
Name: YONKIN, HARRY
Address: 24940 RAVELLO ST
City-St-Zip: LAND O LAKES, FL 34639

Title: S () Delete
Name: FAZIO, MARY LOU
Address: 3145 ANNE JOLLEY CT
City-St-Zip: LAND O LAKES, FL 34639

Title: VP () Delete
Name: FALES, JAN
Address: 24721 RAVELLO ST
City-St-Zip: LAND O LAKES, FL 34639

Title: T () Delete
Name: FIGUERO, JOSE
Address: 24913 RAVELLO ST
City-St-Zip: LAND O LAKES, FL 34639

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: GAIL KNIGHT

MGR

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date