2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007
Secretary of State

DOCUMENT# N99000000113

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

Current Principal Place of Business:

15751 SHERIDAN STREET
PMB 177
DAVIE, FL 33331

New Principal Place of Business:

Current Mailing Address:

15751 SHERIDAN STREET
PMB 177
DAVIE, FL 33331

New Mailing Address:

FEI Number: 65-1004691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARKIZER, AARON
6161 S.W. 158 WAY
DAVIE, FL 33331 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: PD ( ) Delete
Name: SEIDEN, HENRY
Address: 6135 SW 160 TERRACE
City-St-Zip: DAVIE, FL 33331

Title: VPD ( ) Delete
Name: TAPOROWSKI, BRETT
Address: 6130 SW 158 WAY
City-St-Zip: FORT LAUDERDALE, FL 33331

Title: SD ( ) Delete
Name: PEREZ, EVELYN
Address: 15903 SW 61 CT
City-St-Zip: DAVIE, FL 33331

Title: TD ( ) Delete
Name: MARKIZER, AARON
Address: 6161 SW 158 WAY
City-St-Zip: DAVIE, FL 33331

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON MARKIZER TD 03/23/2007

Electronic Signature of Signing Officer or Director — Date