

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000113

FILED
Apr 21, 2009
Secretary of State

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:

15751 SHERIDAN STREET
PMB # 177
DAVIE, FL 33331

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:

STRATOUDAKIS, GEORGE
15983 SW 61 COURT
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: TAPOROWSKI, BRETT
Address: 6130 SW 158TH WAY
City-St-Zip: DAVIE, FL 33331

Title: VPD () Delete
Name: SCHER, RAY
Address: 15982 SW 61 STREET
City-St-Zip: DAVIE,, FL 33331

Title: SD () Delete
Name: PEREZ, MARYJO
Address: 15962 SW 61 STREET
City-St-Zip: DAVIE, FL 33331

Title: TD () Delete
Name: STRATOUDAKIS, GEORGE
Address: 15983 SW 61 COURT
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 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: GEORGE STRATOUDAKIS

TD

04/21/2009

Electronic Signature of Signing Officer or Director

Date