



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90045 002 ****61.25

DOCUMENT # N99000003762					
1. Entity Name HOMEOWNERS ASSOCIATION OF THE ENCLAVE OF WOODLAND WATERS, INC.					
Principal Place of Business 10126 FEATHER RIDGE DRIVE WEEKI WACHEE, FL 34613		Mailing Address 10126 FEATHER RIDGE DRIVE WEEKI WACHEE, FL 34613			
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	4. FEI Number NOT APPLICABLE	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
PHILLIPS, KENNETH 10307 RIDGE TOP LOOP WEEKI WACHEE, FL 34613				7. Name and Address of New Registered Agent	
				Name Garcia, Albert	
				Street Address (P.O. Box Number is Not Acceptable)	
				10265 Ridge Top Loop	
				City Weeki Wachee	FL
				Zip Code	34613
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 x <i>Albert A. Garcia</i>		<i>Albert Garcia</i>		DATE <i>7-16-07</i>	
		(NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PRES	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, KENNETH		NAME	Garcia, Albert	
STREET ADDRESS	10307 RIDGE TOP LOOP		STREET ADDRESS	10265 Ridge Top Loop	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP	Weeki Wachee, FL. 34613	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CIPKO, MICHAEL		NAME		
STREET ADDRESS	10291 RIDGE TOP LOOP		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ALBERT		NAME		
STREET ADDRESS	10265 RIDGE TOP LOOP		STREET ADDRESS		
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP		
TITLE	TRES	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ALBERTO		NAME	Frasca, Anthony	
STREET ADDRESS	10176 RIDGE TOP LOOP		STREET ADDRESS	10249 Feather Ridge Drive	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP	Weeki Wachee, FL. 34613	
TITLE	SEC	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALAMARO, MARIA		NAME	Evers, Robert	
STREET ADDRESS	10219 RIDGE TOP LOOP		STREET ADDRESS	10257 Feather Ridge Drive	
CITY-ST-ZIP	WEEKI WACHEE, FL 34613		CITY-ST-ZIP	Weeki Wachee, FL. 34613	
TITLE		<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Penn, Kenneth	
STREET ADDRESS			STREET ADDRESS	10307 Ridge Top Loop	
CITY-ST-ZIP			CITY-ST-ZIP	Weeki Wachee, FL. 34613	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Albert A. Garcia</i>		<i>Albert Garcia/President</i>		DATE <i>7/16/07</i> (352) 596-2992	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	