2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004662

1. Entity Name
ENCLAVE TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
2150 BAY DRIVE WEST
MIAMI BEACH, FL 33141 US

Mailing Address
2150 BAY DRIVE WEST
#2
MIAMI BEACH, FL 33141 US

02142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0935747
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, CARLOS D
2150 BAY DRIVE WEST #2
MIAMI BEACH, FL 33141

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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 required when changing) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U000000831690
02/27/08-80026-015 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ, CLARI
STREET ADDRESS	2150 BAY DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	D
NAME	YAEDEKER, KATE
STREET ADDRESS	2150 BAY DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	LOPEZ, CARLOS O
STREET ADDRESS	2150 BAY DRIVE WEST
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 2/14/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Title