2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# N99000004665

Entity Name: ENCLAVE WATERSIDE VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2160-2170 BAY DRIVE WEST
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

3527 NE 168 STREET
404
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 65-0935745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOPER, DAVID B
3527 NE 168 STREET
404
NORTH MIAMI BEACH, FL 33160 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: CELENEALBANO, SUSANA
Address: 2160-2170 BAY DR WEST # 14
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete
Name: FORTUNY, JUAN
Address: 750 SANTURCE AVE
City-St-Zip: CORAL GABLES, FL 33141

Title: SD ( ) Delete
Name: MARTIN, SEAN
Address: 2170 BAY DRIVE W #22
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CELENE ALBANO, SUSANA
Address: 2160-2170 BAY DR WEST # 14
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: MARTIN, SHEAN
Address: 2170 BAY DRIVE W #22
City-St-Zip: MIAMI BEACH, FL 33141

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: DAVID COOPER MGR 02/04/2009

Electronic Signature of Signing Officer or Director — Date