

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90359 040 ****61.25

DOCUMENT # N99 000005349

1. Entity Name

The Enclave of Iwerrey Homeowners
Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10034 W McNab Rd

3. Mailing Address

Suite, Apt. #, etc.

10034 W McNab

Suite, Apt. #, etc.

TAMARAC, FL

City & State

City & State

TAMARAC, FL

Zip

33321

Country

Zip

33321

Country

4. FEI Number

65-1010256

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Consolidated Community Mgt

Street Address (P.O. Box Number is Not Acceptable)

10034 W McNab

City

TAMARAC

FL

Zip Code

33321

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and not applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/02

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Brooks, Harry
STREET ADDRESS 10034 W McNab Rd
CITY- ST- ZIP TAMARAC, FL 33321

TITLE SO
NAME Brooks, Elaine
STREET ADDRESS 10034 W McNab Rd
CITY- ST- ZIP TAMARAC FL 33321

TITLE TD
NAME Campbell, William
STREET ADDRESS 10034 W McNab Rd
CITY- ST- ZIP TAMARAC, FL 33321

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CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: