2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# N99000006649

Entity Name: NORTH ENCLAVE HOMEOWNERS ASSOCIATION OF PENSACOLA, INC.

Current Principal Place of Business:

4348 GUSTY TERRACE
PENSACOLA, FL 32503

New Principal Place of Business:

6134 N ENCLAVE DRIVE
PENSACOLA, FL 32504

Current Mailing Address:

P O BOX 30364
PENSACOLA, FL 32503

New Mailing Address:

6134 N ENCLAVE DRIVE
PENSACOLA, FL 32504

FEI Number: 59-3542545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBER, JAMES M
SEVENTH FLOOR BLOUNT BUILDING
3 WEST GARDEN STREET
PENSACOLA, FL 32501 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: EVANS, DAVID E
Address: 4348 GUSTY TERRACE
City-St-Zip: PENSACOLA, FL 32503

Title: VD (X) Delete
Name: EVANS, CHARLES R
Address: 14555 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

Title: STD (X) Delete
Name: EVANS, BETTY W
Address: 14555 INNERARITY POINT ROAD
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VINCENT, CHARLES
Address: 6134 N ENCLAVE DRIVE
City-St-Zip: PENSACOLA, FL 32504

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 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 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: CHARLES VINCENT PD 02/07/2005

Electronic Signature of Signing Officer or Director — Date