

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005398

**FILED**  
**Apr 01, 2014**  
**Secretary of State**  
**CC6897406740**

**Entity Name:** ENCLAVE AT HIAWASSEE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4700 MILLENIA BLVD.  
STE. 515  
ORLANDO, FL 32839

**Current Mailing Address:**

4700 MILLENIA BLVD.  
STE. 515  
ORLANDO, FL 32839

**FEI Number: 26-0483757**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ASSOCIA/COMMUNITY MANAGEMENT PROFESSIONALS INC.  
4700 MILLENIA BLVD  
SUITE 515  
ORLANDO, FL 32839 US

*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: SUZAN KEARNS**

**04/01/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title S  
Name FLEURIMOND, MEDA  
Address 4700 MILLENIA BLVD. STE. 515  
City-State-Zip: ORLANDO FL 32839

Title VP  
Name PIERRE, LUCKNY  
Address 4700 MILLENIA BLVD.  
STE. 515  
City-State-Zip: ORLANDO FL 32839

Title TREASURER  
Name LUSK, ROWENA  
Address 4700 MILLENIA BLVD.  
STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name CHERENFANT, ANTOINE  
Address 4700 MILLENIA BLVD.  
STE. 515  
City-State-Zip: ORLANDO FL 32839

Title DIRECTOR  
Name BAPTISTE, PETER  
Address 4700 MILLENIA BLVD.  
STE. 515  
City-State-Zip: ORLANDO FL 32839

*I hereby 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 all other like empowered.*

**SIGNATURE: LUCKNY PIERRE**

**VICE PRESIDENT**

**04/01/2014**

Electronic Signature of Signing Officer/Director Detail

Date