

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000005398

**FILED**  
**Apr 17, 2024**  
**Secretary of State**  
**2535966864CC**

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

**Current Principal Place of Business:**

4901 VINELAND RD  
SUITE 455  
ORLANDO, FL 32811

**Current Mailing Address:**

4901 VINELAND RD  
SUITE 455  
ORLANDO, FL 32811 US

**FEI Number: 26-0483757**

**Certificate of Status Desired: No**

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

ASSOCIA-COMMUNITY MANAGEMENT PROFESSIONALS INC.  
4901 VINELAND RD  
SUITE 455  
ORLANDO, FL 32811 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: GABRIELA JAKOBSEN**

**04/17/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name NEVOUS, JR, NAPOLEON  
Address 4901 VINELAND RD  
SUITE 455  
City-State-Zip: ORLANDO FL 32811

Title DIRECTOR 1  
Name LAGREE, MICHAEL  
Address 4901 VINELAND RD  
SUITE 455  
City-State-Zip: ORLANDO FL 32811

Title PRESIDENT  
Name BATTLE, ROBERT  
Address 4901 VINELAND RD  
SUITE 455  
City-State-Zip: ORLANDO FL 32811

Title SECRETARY  
Name SADD, MARIE G  
Address 4901 VINELAND RD  
SUITE 455  
City-State-Zip: ORLANDO FL 32811

Title TREASURER  
Name PIERRE, LUCKNY  
Address 4901 VINELAND RD  
SUITE 455  
City-State-Zip: ORLANDO FL 32811

*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: ROBERT BATTLE**

**PRESIDENT**

**04/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date