

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009564

FILED
Feb 27, 2019
Secretary of State
1693923028CC**Entity Name:** THE ENCLAVE AT TAPESTRY NEIGHBORHOOD ASSOCIATION, INC.**Current Principal Place of Business:**C/O EMPIRE MANAGEMENT GROUP
770 ALMOND ST STE A
CLERMONT, FL 34711**Current Mailing Address:**C/O EMPIRE MANAGEMENT GROUP
770 ALMOND ST STE A
CLERMONT, FL 34711 US**FEI Number: 74-3061922****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EMPIRE MANAGEMENT GROUP, INC.
C/O EMPIRE MANAGEMENT GROUP
770 ALMOND ST STE A
CLERMONT, FL 34711 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: MICHAEL LASTER****02/27/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name IGLESIAS , EFRAIN
Address C/O EMPIRE MANAGEMENT GROUP
 770 ALMOND ST STE A
City-State-Zip: CLERMONT FL 34711

Title VP
Name CLEMENS, RYAN
Address C/O EMPIRE MANAGEMENT GROUP
 770 ALMOND ST STE A
City-State-Zip: CLERMONT FL 34711

Title SECRETARY
Name SMITH, JENNIFER
Address C/O EMPIRE MANAGEMENT GROUP
 770 ALMOND STREET #A
City-State-Zip: CLERMONT FL 34711

Title TREASURER
Name BISHARA, TAREK
Address C/O EMPIRE MANAGEMENT GROUP
 770 ALMOND STREET SUITE A
City-State-Zip: CLERMONT FL 34711

Title DIRECTOR
Name RICARDO, MARTHA
Address C/O EMPIRE MANAGEMENT GROUP
 770 ALMOND STREET SUITE A
City-State-Zip: CLERMONT FL 34711

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: EFRAIN IGLESIAS**PRESIDENT****02/27/2019**

Electronic Signature of Signing Officer/Director Detail

Date