

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37880

Entity Name: THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S ASSOCIATION, INC.**FILED**
Feb 26, 2024
Secretary of State
8376434760CC**Current Principal Place of Business:**7 ENCLAVE PT S
HOMOSASSA, FL 34446**Current Mailing Address:**PO BOX 1750
HOMOSASSA SPRINGS, FL 34447 US**FEI Number: 65-0286737****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ESPIN, MARTHA M
7 ENCLAVE PT S
HOMOSASSA, FL 34446 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: MARTHA ESPIN****02/26/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	SECRETARY
Name	KOMENDA, CHARLENE
Address	21 ENCLAVE PT. S
City-State-Zip:	HOMOSASSA FL 34446

Title	TREASURER
Name	ESPIN, MARTHA M
Address	7 ENCLAVE PT S
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	DUNN, RICHARD
Address	6 NORFOLK LANE W
City-State-Zip:	HOMOSASSA FL 34446

Title	PRESIDENT
Name	ELMORE, DAVID
Address	14 ENCLAVE PT S
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	KOMENDA, MARK
Address	21 ENCLAVE PT S
City-State-Zip:	HOMOSASSA FL 34446

Title	VICE PRESIDENT
Name	MCDANIEL, WILLIAM E
Address	7 ENCLAVE PT S
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	DUNN, LINDA
Address	6 NORFOLK LANE W
City-State-Zip:	HOMOSASSA FL 34446

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: MARTHA M ESPIN**TREASURER****02/26/2024**

Electronic Signature of Signing Officer/Director Detail

Date