

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37880

Entity Name: THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S ASSOCIATION, INC.**FILED**
Feb 23, 2016
Secretary of State
CC4928145169**Current Principal Place of Business:**30 ENCLAVE PT SO
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:**DUNKER, TED G
30 ENCLAVE PT SO.
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DP
Name	DUNKER, MARY C
Address	30 ENCLAVE PT. SO.
City-State-Zip:	HOMOSASSA SPRINGS FL 34446

Title	DV
Name	HESS, WILLIAM
Address	32 ENCLAVE PT. S.
City-State-Zip:	HOMOSASSA FL 34446

Title	T
Name	DUNKER, TED G
Address	30 ENCLAVE PT S
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	SCALISI, VINCENT
Address	26 ENCLAVE PT. SO.
City-State-Zip:	HOMOSASSA SPRINGS FL 34446

Title	DIRECTOR
Name	FAILLA, SEBASTIAN
Address	4 NORFOLK LANE WEST
City-State-Zip:	HOMOSASSA SPRINGS FL 34446

Title	SECRETARY
Name	FAILLA, FRANCES
Address	4 NORFOLK LANE WEST
City-State-Zip:	HOMOSASSA FL 34446

Title	DIRECTOR
Name	SCHMID, LOUISE
Address	5 ENCLAVE PT. SO.
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: TED G. DUNKER**TREASURER****02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date