

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M76701 (5)**  
1. Corporation Name  
**ENCLAVE DEVELOPERS, INC.**



Principal Place of Business: **% SCOTT F. LUTGERT, 4200 GULF SHORE BLVD NORTH, NAPLES FL 33940**  
Mailing Address: **% SCOTT F. LUTGERT, 4200 GULF SHORE BLVD NORTH, NAPLES FL 33940**

3. Date Incorporated or Qualified: **04/11/1988**  
3a. Date of Last Report: **03/30/1995**  
4. FFL Number: **65-0045263** Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ] Country 25 [ ]  
2a. Mailing Address: 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ] Country 30 [ ]

**9. Name and Address of Current Registered Agent**

**LUTGERT, SCOTT F.  
4200 GULF SHORE BLVD. NORTH  
NAPLES FL 33940**

**10. Name and Address of New Registered Agent**  
81 Name: [ ]  
82 Street Address (P.O. Box Number is Not Acceptable): [ ]  
83 [ ]  
84 City: [ ]  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0102 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [ ]

Signature of Registered Agent or Secretary of the Corporation

Signature of Registered Agent or Secretary of the Corporation

DATE: [ ]

**12. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> DELETE
NAME	LUTGERT, SCOTT F.	
STREET ADDRESS	4200 GULF SHORE BLVD N	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BAKER, RICHARD J.	
STREET ADDRESS	4200 GULFSHORE BLVD N	
CITY-STATE-ZIP	NAPLES FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GUTMAN, HOWARD B.	
STREET ADDRESS	4200 GULFSHORE BLVD N	
CITY-STATE-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY-STATE-ZIP	
15. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME	
17. STREET ADDRESS	
18. CITY-STATE-ZIP	
19. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME	
21. STREET ADDRESS	
22. CITY-STATE-ZIP	
23. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME	
25. STREET ADDRESS	
26. CITY-STATE-ZIP	
27. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME	
29. STREET ADDRESS	
30. CITY-STATE-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-STATE-ZIP	
35. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
36. NAME	
37. STREET ADDRESS	
38. CITY-STATE-ZIP	
39. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
40. NAME	
41. STREET ADDRESS	
42. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this filing is not an "supplemental annual report as filed and accurate" and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; that the receiver or trustee responsible to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in Block 14 if added with an address.

**SIGNATURE:** [Signature] **HOWARD B. GUTMAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-22-96 (941) 261-6100**  
DATE TELEPHONE NUMBER

CR2E034 (12/95)