

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M76701 (5)**

1. Corporation Name  
**ENCLAVE DEVELOPERS, INC.**



Principal Place of Business <b>% SCOTT F. LUTGERT                  4200 GULF SHORE BLVD NORTH                  NAPLES FL 33940</b>	Mailing Address <b>% SCOTT F. LUTGERT                  4200 GULF SHORE BLVD NORTH                  NAPLES FL 34103-3436</b>
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3. Date Incorporated or Qualified <b>04/11/1988</b>	3a. Date of Last Report <b>03/28/1996</b>
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 34103 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 34103 Country
4. FEI Number <b>65-0045263</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LUTGERT, SCOTT F.                  4200 GULF SHORE BLVD. NORTH                  NAPLES FL 33940</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 FL	85 Zip Code 34103

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	NAME <b>LUTGERT, SCOTT F.</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4200 GULF SHORE BLVD N NAPLES FL</b>	CITY-ST-ZIP	1.2 NAME	
		1.3 STREET ADDRESS	<b>ZIP CODE 34103</b>
		1.4 CITY-ST-ZIP	
TITLE <b>VS</b>	NAME <b>BAKER, RICHARD J.</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4200 GULF SHORE BLVD N NAPLES FL</b>	CITY-ST-ZIP	2.2 NAME	
		2.3 STREET ADDRESS	<b>ZIP CODE 34103</b>
		2.4 CITY-ST-ZIP	
TITLE <b>VT</b>	NAME <b>GUTMAN, HOWARD B.</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>4200 GULF SHORE BLVD N NAPLES FL</b>	CITY-ST-ZIP	3.2 NAME	
		3.3 STREET ADDRESS	<b>ZIP CODE 34103</b>
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed. (If an attachment with an address.)

SIGNATURE:  **HOWARD B. GUTMAN** (941) 261-6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0411647

CR2E034 (9/96)