## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000001038

FILED Apr 30, 2007 Secretary of State

Entity Name: ENCLAVE AT NAPLES CONDOMINIUM ASSOCIATION, INC.

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
6700 LONE NAPLES, F	E OAK BLVD FL 34109			10961 BONITA BEACH RD BONITA SPRINGS, FL 34135		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
6700 LONE NAPLES, F	E OAK BLVD FL 34109			10961 BONITA BEACH RD. BONITA SPRINGS, FL 34135		
FEI Number:	20-3072023	FEI Number Applied For ( )	FEI Number Not App	licable ( ) C	ertificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	I Address of Nev	w Registered Agent:	
	E OAK BLVD	MANAGEMENT S	10961 BOI	ENUE PROPERT NITA BEACH RD PRINGS, FL 341		
	named entity s of Florida.	submits this statement for the p	ourpose of changing	its registered offic	ce or registered agent, or both,	
SIGNATUF	RE: JACK ER	CKSON			04/30/2007	
	Electron	ic Signature of Registered Age	ent		Date	
OFFICERS	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	WRIGHT, KEVÍ	OD LAKES BLVD, 202	Title: Name: Address: City-St-Zip:	( ) Ch	nange()Addition	
Fitle: Name: Address: City-St-Zip:	TERPENING, C	OD LAKES BLVD	Title: Name: Address: City-St-Zip:	( ) Cł	nange ()Addition	
Title: Name: Address: City-St-Zip:	STALLONE, THI	OD LAKES BLVD, 101	Title: Name: Address: City-St-Zip:	( ) Cł	nange ()Addition	
Title: Name: Address: City-St-Zip:	SILVIN, NICK	Delete DD LAKES BLVD., 202 1104	Title: Name: Address: City-St-Zip:	( ) Cł	nange ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN WRIGHT P 04/30/2007