

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A26283

1. Entity Name
ENCLAVE OF NAPLES, LTD.



Principal Place of Business
**4200 GULF SHORE BLVD. NORTH
NAPLES, FL 34103**

Mailing Address
**4200 GULF SHORE BLVD. NORTH
NAPLES, FL 34103**

DO NOT WRITE IN THIS SPACE



04122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
65-0046454

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LUTGERT, SCOTT E
4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 33940**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M76701**
NAME **ENCLAVE DEVELOPERS, INC.**
STREET ADDRESS **4200 GULF SHORE BLVD.N**
CITY-STATE-ZIP **NAPLES, FL**

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UD00000735332
05/10/07-80030-007 500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

Howard B. Gutman

Vice President of General Partner

4/13/07

(239) 261-6100

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE