2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N05000001038



FILED Feb 25, 2008 8:00 am Secretary of State 02-25-2008 90036 011 ****61.25

| 1. Entity Name ENCLAVE AT NAPLES CONDOMINIUM ASSOCIATION, INC. | | | | | -23-2008 90030 01 | 11 01 | .23 |
|---|--|---|---|--|---|-------------------------------------|---------------------------|
| Principal Place of Business 10961 BONITA BEACH RD BONITA SPRINGS, FL 34135 | | Mailing Address 10961 BONITA BEACH RD. BONITA SPRINGS, FL 34135 | | 4003 | | 211 65128 11161 161 | niel el IBa) |
| | lace of Business - No P.O. Box # NLDWCOD LANS BL #, etc. | 3. Mailing Address (29) Suite, Apt. #, etc. | Mailing Address (295 WILDUXDA) LAKES BLUD Suite, Apt. #, etc. | | ₁₉ -NP CR2E03 | 37 (12/06) | |
| City & Stat | Country | City & State | Country | 4. FEI Number 20-307202 | | No | plied For t Applicable |
| 34104 | 6. Name and Address of Current R | 34104 legistered Agent | USA | Certificate of Sta Name and Addr | atus Desired ress of New Registered A | \$8.75 Add Fee Required Agent | |
| | | | | TICLAVE AT I | | BUD Zip ea de | 9 |
| 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 a printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Cam Trust Fund Co | ontribution. | | Make checl Florida Depar | tment of St | ate |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DIRI P WRIGHT, KEVIN 1235 WILDWOOD LAKES BLVD, NAPLES, FL 34104 | ☐ Delete | 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP | ADDITIONS/CHANGE | S TO OFFICERS AND DI | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TERPENING, CRAIG 1295 WILDWOOD LAKES BLVD NAPLES, FL 34104 | Delete | NAME STREET ADDRESS | DIRECTOR XON FLANNIG 1270 WILDWA NAPLES, FL | | □ Change _v l> t O | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | STALLONE, THEODORE 1235 WILDWOOD LAKES BLVD, NAPLES, FL 34104 | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | Change | ☐ Addition |
| FITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ∏ Change _. | Addition |
| 12. I hereby certify that the information supplied with his jiling does not qualify for the exemptions contained 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 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 truster and owners to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if | | | | | | | |

Theodal Stalke UP/Direct 2/20/08
RORDIRECTOR Dete Deptime Prone :