2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N01000006624

Entity Name: THE ENCLAVE AT PALMIRA NEIGHBORHOOD ASSOCIATION, INC.

Current Principal Place of Business:

28341 S. TAMIAMI TRAIL
BOINTA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28341 S. TAMIAMI TRAIL
BOINTA SPRINGS, FL 34134

New Mailing Address:

6702 LONE OAK BOULEVARD
NAPLES, FL 34109

FEI Number: 59-3749030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MATHIASON, MARION P
500 EAST KENNEDY BOULEVARD
SUITE 200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: NOLAN, ED
Address: 28341 S. TAMIAMI TRAIL #1
City-St-Zip: BOINTA SPRINGS, FL 34134

Title: D ( ) Delete
Name: THIRTYACRE, KEN
Address: 28341 S. TAMIAMI TRAIL
City-St-Zip: BOINTA SPRINGS, FL 34134

Title: D ( ) Delete
Name: TACKETT, JIM
Address: 28341 S. TAMIAMI TRAIL
City-St-Zip: BOINTA SPRINGS, FL 34134

Title: AST ( ) Delete
Name: KOLEGUE, KEAT
Address: 6702 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: FILIAULT, ALAIN
Address: 28341 S. TAMIAMI TRAIL #1
City-St-Zip: BOINTA SPRINGS, FL 34134

Title: D (X) Change ( ) Addition
Name: NOLAN, ED
Address: 28341 S. TAMIAMI TRAIL
City-St-Zip: BOINTA SPRINGS, FL 34134

Title: D (X) Change ( ) Addition
Name: MAYOTTE, BRIAN
Address: 28341 S. TAMIAMI TRAIL
City-St-Zip: BOINTA SPRINGS, FL 34134

Title: AST (X) Change ( ) Addition
Name: KOLEGUE, KENT
Address: 6702 LONE OAK BLVD
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAIN FILIAULT PRES 04/15/2004

Electronic Signature of Signing Officer or Director — Date