

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008839

FILED  
Apr 17, 2005  
Secretary of State

**Entity Name:** THE ENCLAVE AT PALMIRA I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6702 LONE OAK BOULEVARD  
NAPLES, FL 34109

**New Principal Place of Business:**

10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109

**Current Mailing Address:**

6702 LONE OAK BLVD  
NAPLES, FL 34109

**New Mailing Address:**

10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109

**FEI Number:** 02-0622943

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KOLEGUE, KENT  
6702 LONE OAK BOUVELVARD  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

KOLEGUE, KENT  
10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109 US

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:

04/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: VAN SCHOYCK, HOWARD  
Address: 28604 SAN LUCAS LANE #201  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV ( ) Delete  
Name: LACAPRA, GEORGE  
Address: 28601 SAN LUCAS LANE #102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DS/T ( ) Delete  
Name: DIDOMENICO, PETER  
Address: 28604 SAN LUCAS LANE #202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: LEIDECKER, ROBERT  
Address: 28609 SAN LUCAS LANE #202  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: LANTZ, JEFFREY  
Address: 28609 SAN LUCAS LANE #102  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Delete  
Name: CORBO, ED  
Address: 28609 SAN LUCAS LANE #101  
City-St-Zip: NAPLES, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KENT KOLEGUE

MA

04/17/2005

Electronic Signature of Signing Officer or Director

Date