

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000264

FILED
Apr 20, 2005
Secretary of State

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

Current Principal Place of Business:

6702 LONE OAK BOULEVARD
NAPLES, FL

New Principal Place of Business:

10621 AIRPORT PULLING RD N
SUITE 8
NAPLES, FL

Current Mailing Address:

28341 S TAMIAM TRAIL STE 4
BONITA SPRINGS, FL

New Mailing Address:

10621 AIRPORT PULLING RD N
SUITE 8
NAPLES, FL 34109

FEI Number: 56-2313914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEGUE, KENT
6702 LONE OAKE BOULEVARD
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: KENT KOLEGUE

04/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VOGEN, B R
Address: 28617 SAN LUCAS LANE #202
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV () Delete
Name: DELRUSSO, ROBERT
Address: 28617 SAN LUCAS LANE #102
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: MITCHELL, PAUL
Address: 28617 SAN LUCAS LANE #201
City-St-Zip: BONITA SPRINGS, 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:

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

04/20/2005

Electronic Signature of Signing Officer or Director

Date