

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


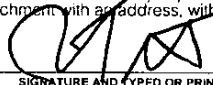
**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90011 039 \*\*\*\*61.25

**60027286**



01172007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N03000000264</b>			
1. Entity Name THE ENCLAVE AT PALMIRA II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL		Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 2220 Jandc Blvd Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34109 Country USA		3. Mailing Address 2220 Jandc Blvd Suite, Apt. #, etc. Suite 1 City & State Naples, FL Zip 34109 Country USA	
4. FEI Number 56-2313914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TITUS, ROBERT P 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name C & L Management Services Street Address (P.O. Box Number is Not Acceptable) 2220 Jandc Blvd, Suite 1 City Naples FL Zip Code 34109	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VOGEN, B R 28617 SAN LUCAS LANE #202 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELRUSSO, ROBERT 28617 SAN LUCAS LANE #102 BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PALMER, SUSAN 28622 SAN LUCAS LN, # 202 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Robert Titus	
		3-20-07 239-596-1886	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	