

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N03000009483**

1. Entity Name  
**ENTERPRISE AVENUE CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business

**3510 RADIO ROAD  
NAPLES, FL 34104**

Mailing Address

**3510 RADIO ROAD  
NAPLES, FL 34104**

**DO NOT WRITE IN THIS SPACE**



01102007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**83-0390504**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CONROY, DRISTIN M ESQ.  
2640 GOLDEN GATE PARKWAY, SUITE 115  
NAPLES, FL 34105**

**DO NOT WRITE  
IN THIS SPACE**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BRIAN 3510 RADIO ROAD NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, WILLIAM 3510 RADIO ROAD NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, BENJAMIN F 3510 RADIO ROAD NAPLES, FL 34104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000725159  
05/03/07-80011-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/07**

Date

**239-250-4855**

Daytime Phone #