2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008947

FILED Apr 20, 2005 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 28341 S. TAMIAMI TRIAL, SUITE 4 10621AIRPORT PULLING RD N BONITA SPRINGS, FL 34134 SUITE 8 NAPLES, FL 34109 **Current Mailing Address: New Mailing Address:** 28341 S. TAMIAMI TRIAL, SUITE 4 10621 AIRPORT PULLING RD N BONITA SPRINGS, FL 34134 SUITE 8 NAPLES, FL 34109 FEI Number: 20-1655395 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MATHIASON, MARION P KOLEGUE, KENT 10621 AIRPORT PULLING RD N 500 EAST KENNEDY BOULEVARD, SUITE 200 TAMPA, FL 33602 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition LOFTUS, BRIAN Name: Name: 28341 S. TAMIAMI TRAIL, SUITE 4 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: () Delete Title: () Change () Addition Name: GRASSER, MARK Name: Address: 28341 S. TAMIAMI TRAIL, SUITE 4 Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: Title: DST () Delete Title: () Change () Addition MAYOTTE, BRIAN Name: Name: 28341 S. TAMIAMI TRAIL, SUITE 4 Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 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