

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90395 030 \*\*\*\*61.25

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|--|--|---|--|--|--|
| <b>DOCUMENT # N04000008947</b><br>1. Entity Name<br><b>THE ENCLAVE AT PALMIRA IV CONDOMINIUM ASSOCIATION, INC.</b>   |  |   |  |  |  |
| Principal Place of Business<br><b>10621 AIRPORT PULLING RD N<br/>SUITE 8<br/>NAPLES, FL 34109</b>  |  |   | Mailing Address<br><b>10621 AIRPORT PULLING RD N<br/>SUITE 8<br/>NAPLES, FL 34109</b>  |  |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |  |  |
| City & State   |  | City & State  |  |  |  |
| Zip  | Country  | Zip   | Country  | 02142006 Chg-NP CR2E037 (11/05)  |  |
| 4. FEI Number<br><b>20-1655395</b>   |  |   |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KOLEQUE, KENT</b><br><b>10621 AIRPORT PULLING RD N<br/>SUITE 8<br/>NAPLES, FL 34109</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Robert Titus</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> Zip Code |  |  |
| 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<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |  | <b>Robert P. Titus</b><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |  | <b>3/30/06</b><br><small>DATE</small>  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                      |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to Florida Department of State</b>   |  |   |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DP<br>LOFTUS, BRIAN<br>28341 S. TAMiami TRAIL, SUITE 4<br>BONITA SPRINGS, FL 34134   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | President<br>Ronald Saul<br>28648 San Lucas Lane #202<br>Bonita Springs, 34135                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DVP<br>GRASSER, MARK<br>28341 S. TAMiami TRAIL, SUITE 4<br>BONITA SPRINGS, FL 34134  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Secretary/Treasurer<br>Douglas Rothwell<br>28649 San Lucas Lane #202<br>Bonita Springs, FL 34135 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | DST<br>MAYOTTE, BRIAN<br>28341 S. TAMiami TRAIL, SUITE 4<br>BONITA SPRINGS, FL 34134 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | Director<br>Linda Bobroff<br>28648 San Lucas Lane #101<br>Bonita Springs, FL 34135               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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:   |  | <b>Managing Agent</b>   |  | <b>3/30/06</b><br><small>Date</small>  | <b>239-596-1886</b><br><small>Daytime Phone #</small>                        |