

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-22-2007 90007 026 ****61.25

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DOCUMENT # N04000008947 1. Entity Name THE ENCLAVE AT PALMIRA IV CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109		Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 2220 Sand C Blvd		3. Mailing Address 2220 Sand C Blvd	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Naples, FL		City & State Naples, FL	
Zip 34109		Zip 34109	
Country USA		Country USA	
4. FEI Number 20-1655395		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 T 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 Sand C 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 _____ <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 P NAME SAUL, RONALD STREET ADDRESS 28648 SAN LUCAS LANE #202 CITY - ST - ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/T NAME ROTHWELL, DOUGLAS STREET ADDRESS 28649 SAN LUCAS LANE #202 CITY - ST - ZIP BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BOBROFF, LINDA STREET ADDRESS 28648 SAN LUCAS LANE #101 CITY - ST - ZIP 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
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:		3/20/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
Daytime Phone #		239-596-1886	