

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N28459

Entity Name: ENCLAVE OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4601 GULF SHORE BLVD., N.
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

4601 GULF SHORE BLVD., N.
NAPLES, FL 339400436

New Mailing Address:

4601 GULF SHORE BLVD., N.
NAPLES, FL 34103 US

FEI Number: 65-0251322 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKER & POLIKOFF, P.A.
ATTN: JOSEPH ADAMS
999 VANDERBILT BEACH RD. SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LITTLE, JOHN S
Address: 4601 GULF SHORE BLVD N.
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: LEVI, RICHARD H
Address: 4601 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: HAARLOW, EVANGELINE R
Address: 4601 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: TD () Delete
Name: WYSOCKI, ROBERT W
Address: 4601 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: MILLER, THOMAS
Address: 4601 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN LITTLE

Electronic Signature of Signing Officer or Director

PRES

05/05/2008

_____ Date