

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28459

FILED  
Apr 09, 2009  
Secretary of State

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 34103 US

**New Mailing Address:**

FEI Number: 65-0251322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, 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: SD (X) Change ( ) Addition  
Name: CARLSON, ROBERT  
Address: 4601 GULF SHORE BLVD., N  
City-St-Zip: NAPLES, FL 34103

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: ROBERT CARLSON

SD

04/09/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date