

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90204 020 ***150.00

DOCUMENT # P01000073309

1. Entity Name
ENCLAVE AT NAPLES, INC.

Principal Place of Business **Mailing Address**
C/O HOWARD D. COHEN, ENCLAVE AT NAPLES INC **C/O HOWARD D. COHEN, ENCLAVE AT NAPLES INC**
1025 KANE CONCOURSE, SUITE 215 **1025 KANE CONCOURSE, SUITE 215**
BAY HARBOR ISLANDS FL 33154 **BAY HARBOR ISLANDS FL 33154**

2. Principal Place of Business **3. Mailing Address**
1295 WILLOWOOD LAKES BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
NAPLES, FL
Zip **Country** **Zip** **Country**
34104 **USA**

4. FEI Number **Applied For**
65-1123981 **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COHEN, HOWARD D
1025 KANE CONCOURSE, SUITE 215
BAY HARBOR ISLANDS FL 33154

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	HOWARD D. COHEN	1025 KANE CONCOURSE, SUITE 215	BAY HARBOR ISLANDS, FL 33154		
	JOEL COHEN	4041 COLLINS AVENUE	MIAMI BEACH, FL 33140		
	ALAN J. COHEN	4041 COLLINS AVENUE	MIAMI BEACH, FL 33140		
	TS	KENNETH J. COHEN	1025 KANE CONCOURSE, SUITE 215		
			BAY HARBOR ISLANDS, FL 33154		

13. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Date

305-867-2245

Daytime Phone #

CP2E034 (9/01)