2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P01000073309

Entity Name: ENCLAVE AT NAPLES, INC.

Current Principal Place of Business:

1295 WILDWOOD LAKES BLVD.
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O H.D. COHEN, ENCLAVE @ NAPLES, INC.
1025 KANE CONCOURSE, SUITE 215
BAY HARBOR ISLANDS, FL 33154

New Mailing Address:

FEI Number: 65-1123981 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, HOWARD D
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: V ( ) Delete
Name: COHEN, JOEL
Address: 4041 COLLINS AVE.
City-St-Zip: MIAMI, FL 33140

Title: V ( ) Delete
Name: COHEN, ALAN J
Address: 4041 COLLINS AVE.
City-St-Zip: MIAMI, FL 33140

Title: TS ( ) Delete
Name: COHEN, KENNETH J
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: COHEN, JOEL
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: V (X) Change ( ) Addition
Name: COHEN, ALAN J
Address: 1025 KANE CONCOURSE, SUITE 215
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH J COHEN TS 04/27/2005

Electronic Signature of Signing Officer or Director — Date