I hereby 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 all other like empowered.

MANAGER

SIGNATURE: ANTONIO B BROWN

Electronic Signature of Signing Officer/Director Detail

Current Mailing Address:

2055 TRADE CENTER WAY NAPLES, FL 34109

FEI Number: 46-4533825

Name and Address of Current Registered Agent:

STARLING , PETER M ESQ. 599 9TH STREET NORTH SUITE 203 NAPLES , FL 34102 US

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	E PETER M. STARLING			04/29/2021	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PD	Title	VPD		
Name	BROWN, ANTONIO B	Name	SEGAL, STEVEN		
Address	2055 TRADE CENTER WAY	Address	1406 LAFAYETTE STREET		
City-State-Zip:	NAPLES FL 34109	City-State-Zip:	CAPE CORAL FL 33904		
Title	STD				
Name	STARLING, PETER M				
Address	599 9TH STREET NORTH SUITE 203				
City-State-Zip:	NAPLES FL 34102				

Certificate of Status Desired: No

ture of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000011144

Entity Name: THE ENCLAVE OF NAPLES BAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2055 TRADE CENTER WAY NAPLES, FL 34109

Apr 29, 2021 Secretary of State 9960197989CC

FILED

Date

04/29/2021