

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000006624

1. Entity Name
THE ENCLAVE AT PALMIRA NEIGHBORHOOD
ASSOCIATION, INC.



FILED

08 OCT 17 PM 12:58

Principal Place of Business
28164 SAN LUCAS LN
BONITA SPRINGS, FL 34135

Mailing Address
2220 J AND C BLVD
#1
NAPLES, FL 34109

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

c/o

Suite, Apt. #, etc.

Alliant Property Management, LLC
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919

09152008 Chg-NP CR2E037 (12/06)

City & State

Zip

Country

4. FEI Number
59-3749030

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITUS ROBERT P
2220 J AND C BLVD
#1
NAPLES, FL 34109

Name

Street

Alliant Property Management, LLC
6719 Winkler Rd. Suite 200
Fort Myers, FL 33919

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

AGENT

9-29-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME PALMER, SUSAN
STREET ADDRESS 28622 SAN LUCAS LANE #202
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE DT ☐ Delete
NAME VOGEN, RICHARD
STREET ADDRESS 28617 SAN LUCAS LANE #202
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE DS ☐ Delete
NAME THOMAS, RICHARD
STREET ADDRESS 14061 GIUSTINO WAY #102
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700137012177
CITY-ST-ZIP 10/17/08-01020-004 **\$61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VSD Richard Thomson
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-24-08

Date

239-

454-1101 x236

Daytime Phone #