JUN-04-2002 16:46 ENCLAVE AT PALMIRA

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
05-13-2002 90175 025 ****61.25

DOCUMENT # N01000008839

1. Entity Name

THE ENCLAVE AT PALMIRA I CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
28341 S TAMIAMI TRAIL STE 4 BONITA SPRINGS FL 34134	28341 S TAMIAMI TRAIL STE 4 BONITA SPRINGS FL 34134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 02-0622943 ☐ 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
MATHIASON, MARION P STE 2100 ONE TAMPA CITY CENTER TAMPA FL 33601	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

FILE NOW: FEE IS $61.25

9. Electron Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KEARNS, PATRICK 28341 S TAMIAMI TRAIL STE 4 BONITA SPRINGS FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD THIRTYACE, KEN 28341 S TAMIAMI TRAIL STE 4 BONITA SPRINGS FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST REIN, RALPH 28341 S TAMIAMI TRAIL STE 4 BONITA SPRINGS FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASST S/T Kent Kolegue 6702 Long OAK BLVD Naples FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. 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 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: Kent Kolegue SIGNATURE REQ Kent Kolegue 4-22-02 941-596-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

38959

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 21, 2002

THE ENCLAVE AT PALMIRA I CONDOMINIUM ASSOCIATION, INC.
28341 S TAMIAMI TRAIL STE 4
BONITA SPRINGS, FL 34134

Subject: **THE ENCLAVE AT PALMIRA I CONDOMINIUM ASSOCIATION, INC.**

Reference Number: **N01000008839**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling $61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC
ANNUAL REPORTS SECTION