

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 031 ****61.25

DOCUMENT # **NO1000008839**

1. Entity Name **The Enclave @ Palmyra I Condominium Association, Inc.**



DO NOT WRITE IN THIS SPACE

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

2220 JandC Blvd

Suite, Apt. #, etc. **Suite 1**

City & State **Naples, FL**

Zip **34109**

Country **USA**

3. Mailing Address

2220 JandC Blvd

Suite, Apt. #, etc. **Suite 1**

City & State **Naples, FL**

Zip **34109**

Country **USA**

CR2E037B (5/07)

4. FEI Number

02 0622943

Applied For

Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **C & L Management Services**

Street Address (P.O. Box Number is Not Acceptable)

2220 JandC Blvd

Suite **1**

City **Naples**

FL

Zip Code **34109**

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/29/08

**FEE IS \$61.25
Initial or Amended AR**

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
NAME

**President
Robert Leidecker
28609 San Lucas Lane #202
Bonita Springs, FL 34134**

TITLE
NAME

**Vice President
George LaCapra
28609 San Lucas Lane #102
Bonita Springs, FL 34134**

TITLE
NAME

**Sgt
Peter DiDomenico
28604 San Lucas Lane #202
Bonita Springs, FL 34134**

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE
NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #