

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000008839

1. Entity Name  
THE ENCLAVE AT PALMIRA I CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
2220 J AND C BLVD  
SUITE 1  
NAPLES, FL 34109

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

3. Mailing Address

08 OCT 17 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

09302008 Chg-NP CR2E037 (12/06)

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

C AND L MANAGEMENT SERVICES  
2220 J AND C BLVD SUITE 1  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Nar  
Stre 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

*M. L. ...*

AGENT

9-30-08

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 DV  
NAME LACAPRA, GEORGE ☐ Delete  
STREET ADDRESS 28601 SAN LUCAS LANE #102  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE DS/T  
NAME DIDOMENICO, PETER ☐ Delete  
STREET ADDRESS 28604 SAN LUCAS LANE #202  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE D  
NAME LEIDECKER, ROBERT ☐ Delete  
STREET ADDRESS 28609 SAN LUCAS LANE #202  
CITY-ST-ZIP BONITA SPRINGS, FL 34134

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DS George LaCapra ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE DT Peter DiDomenilo ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE PD Robert Leidecker ☒ Change ☐ Addition  
NAME  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

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

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

TITLE  
NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/1/08