

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90321 020 *****61.25

DOCUMENT # N01000008839

1. Entity Name

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



Principal Place of Business

**28341 S TAMiami TRAIL STE 4
BONITA SPRINGS FL 34134**

Mailing Address

**6702 LONE OAK BLVD
NAPLES FL 34109**

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)

500 East Kennedy Boulevard, Suite 200

City

Tampa

FL

Zip Code

33602

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, 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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
NAME **KEARNS, PATRICK**
STREET ADDRESS **28341 S TAMiami TRAIL STE 4**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **ED Nolan** ☒ Change ☐ Addition
NAME **28341 S TAMiami TR #4**
STREET ADDRESS **Bonita Springs, FL 34134**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **THIRTYACE, KEN**
STREET ADDRESS **28341 S TAMiami TRAIL STE 4**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

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

TITLE **DST** ☒ Delete
NAME **REIN, RALPH**
STREET ADDRESS **28341 S TAMiami TRAIL STE 4**
CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☒ Change ☐ Addition
NAME **George LaCapra**
STREET ADDRESS **28601 San Lucas Lane #102**
CITY-ST-ZIP **Bonita Springs FL 34135**

TITLE **AST** ☐ Delete
NAME **KOLGEUE, KENT**
STREET ADDRESS **6702 LONE OAK BLVD.**
CITY-ST-ZIP **NAPLES FL 34109**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 Kolgeue** **REQUIF** **Kent Kolgeue** **AST** **239 596 1886**

CR2E037 (10/02)