2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 29, 2006 8:00 am Secretary of State

Pincipal Place of Business Surfix Agr. #	DOCUMENT # N0300000264 1. Entity Name THE ENCLAVE AT PALMIRA II CONDOMINIUM ASSOCIATION, INC.									03-29-200	6 90123	009 ****6	51.25
Sulle, Apl. #. etc. Chy & State Chy & Sta	10621 AIRPORT PULLING RD N 10 Suite 8 Su			10621 Suite	10621 AIRPORT PULLING RD N SUITE 8								
City & State Country City Country S. Certificate of Status Desired \$8.75 Additional Free Required \$8.75 Additional Free Required \$8.75 Additional Free Required City FL City FL City Ci	2. Principal Place of Business 3.			3. Mailir	3. Mailing Address								
Zip Country Zip Country S. Centificate of Status Desired Des	Suite, Apt. #, etc.			Suiti	Suite, Apt. #, etc.				02142006	Chg-NP	CR2E	037 (11/05)	
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered 8. Delta Name Address of New Registered Agent 9. Delta Name Address	City & State			City	City & State				EC 3343044				
Name Robert P. Titus	Zip	Zip Country				Со	untry		5. Certificate	of Status Desired	. 🗆	\$8.75 Ad Fee Require	ditional ed
Screet Actives (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current I	Registered	Agent				7. Name and	Address of New	/ Registere	d Agent	
RAPLES, FL 34109 City FL Zip Code	KOLEGUE, KENT 10621 AIRPORT PULLING RD N						nobert P. 11743						
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 and blie if applicable. Signature		FL 34109										.,,	
SIGNATURE Superative, Synand or winder name of regulated agent and title if applicable. Filling Fee is \$61.25 Due by May 1, 2006 Filling Fee is \$61.25 Due by May 1, 2006 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ITILE NAME VOGEN, B R STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Oelete TITLE OElete TITLE OElete STREET ADDRESS CITY-ST-ZIP OELETE OELET							City				F	Zip Coc	le
SIGNATURE Signature. Injured or further name of requirement agent and tole if applicable. Continue Contin	8. The above	named entit	y submits this statement for	r the purpos	se of changing its	eaister	ed office o	r register	ed agent, or bot	h in the State of	Florida, I ar	m familiar with.	and accept
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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 offer like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #