

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000000264

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



FILED

08 OCT 17 PM 12:22

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

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

3. Mailing Address

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



09152008 Chg-NP CR2E037 (12/06)

4. FEI Number 56-2313914 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TITUS, ROBERT P
C & L MANAGEMENT SERVICES
2220 J AND C BLVD, SUITE 1
NAPLES, FL 34109

Name

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

City

Zip Code

7. Name and Address of New Registered Agent

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.

AGENT

9-29-08

(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	ST	<input type="checkbox"/> Delete
NAME	VOGEN, RICHARD	
STREET ADDRESS	28617 SAN LUCAS LANE #202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DELRUSSO, ROBERT	
STREET ADDRESS	28617 SAN LUCAS LANE #102	
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	
TITLE	P	<input type="checkbox"/> Delete
NAME	PALMER, SUSAN	
STREET ADDRESS	28622 SAN LUCAS LN, # 202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD Richard Vogen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	100137012131	
CITY-ST-ZIP	10/17/08--01020--003 **\$1.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD Edward Corbo	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	28613 San Lucas Ln #201	
CITY-ST-ZIP	Bonita Springs, FL 34135	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 #

9-24-08

235-

454-1101