2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000264

FILED Mar 26, 2009 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD SUITE 200

6719 WINKLER ROAD, SUITE 200 FORT MYERS, FL 33919

FORT MYERS, FL 33919 **Current Mailing Address:**

New Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD SUITE 200

C/O ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD, SUITE 200

FORT MYERS, FL 33919

FORT MYERS, FL 33919

FEI Number: 56-2313914

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C/O ALLIANT PROPERTY MANAGEMENT, LLC

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919

ALLIANT PROPERTY MANAGEMENT, LLC 6719 WINKLER ROAD

SUITE 200

FORT MYERS, FL 33919 US

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.

SIGNATURE: JOHN M. STROHM, AGENT

03/26/2009

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete Name:

VOGEN, RICHARD

28617 SAN LUCAS LANE #202

Address: City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Delete

PALMER, SUSAN Name:

Address: 28622 SAN LUCAS LN. # 202 City-St-Zip: BONITA SPRINGS, FL 34135

Title: () Delete

CORBO, EDWARD Name:

Address: 28613 SAN LUCAS LN #201 City-St-Zip: BONITA SPRINGS, FL 34135 (X) Change () Addition

VOGEN, RICHARD Name:

Address: 28617 SAN LUCAS LANE #202 City-St-Zip: BONITA SPRINGS, FL 34135

Title: (X) Change () Addition

Name: PALMER, SUSAN

Address: 28622 SAN LUCAS LANE #202 City-St-Zip: BONITA SPRINGS, FL 34135

Title: STD (X) Change () Addition

Name: CORBO, EDWARD

28613 SAN LUCAS LANE #201 Address: City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD VOGEN PD 03/26/2009