

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003406

FILED  
Apr 17, 2005  
Secretary of State

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

**Current Principal Place of Business:**

28341 S TAMiami TR STE 4  
BONITA SPRINGS, FL 34134

**New Principal Place of Business:**

10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109

**Current Mailing Address:**

6702 LONE OAK BOULEVARD  
NAPLES, FL 34109

**New Mailing Address:**

10621 AIRPORT PULLING RD N  
SUITE 8  
NAPLES, FL 34109

FEI Number: 56-2381606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MATHIASON, MARION P  
500 E KENNEDY BLVD STE 200  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: FILIAULT, ALAIN  
Address: 28341 S TAMiami TR STE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV ( ) Delete  
Name: NOLAN, ED  
Address: 28341 S TAMiami TR STE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD ( ) Delete  
Name: MAYOTTE, BRIAN  
Address: 28341 S TAMiami TR STE 4  
City-St-Zip: BONITA SPRINGS, FL 34134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: KENT KOLEGUE

MA

04/17/2005

Electronic Signature of Signing Officer or Director

Date