

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

03-22-2007 90015 015 ****61.25

DOCUMENT # N03000003406 1. Entity Name THE ENCLAVE AT PALMIRA III CONDOMINIUM ASSOCIATION, INC.																																																																																																																																																																								
Principal Place of Business 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109		Mailing Address 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109																																																																																																																																																																						
2. Principal Place of Business - No P.O. Box # 2220 J and C Blvd		3. Mailing Address 2220 J and C Blvd																																																																																																																																																																						
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1																																																																																																																																																																						
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Zip 34109		Zip 34109																																																																																																																																																																						
Country USA		Country USA																																																																																																																																																																						
4. FEI Number 56-2381606		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 10621 AIRPORT PULLING RD N SUITE 8 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name C&L Management Services Street Address (P.O. Box Number is Not Acceptable) 2220 J and C Blvd, Suite 1 City Naples, FL Zip Code 34109																																																																																																																																																																						
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: <u><i>Robert Titus</i></u> DATE: <u>3/29/07</u> (Signature, typed or printed name of registered agent and role if applicable) (NOTE: Registered Agent signature required when resigning)																																																																																																																																																																								
Filing Fee is \$61.25 Due by May 1, 2007		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">KATZ, SHERMAN</td> <td style="width: 15%; text-align: center;">☒ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>28630 SAN LUCAS LANE #102</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>BONITA SPRINGS, FL 34135</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>VP</td> <td>KAUFFMAN, WILLIAM</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>28630 SAN LUCAS LANE #201</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>BONITA SPRINGS, FL 34135</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>S</td> <td>NEWTON, ELIZABETH</td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>28630 SAN LUCAS LANE #101</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>BONITA SPRINGS, FL 34135</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Delete</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Bohenread, Tom</td> <td style="width: 15%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>5045 Jilianne Dr.</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>Cincinnati OH 45241</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td></td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				TITLE	P	NAME	KATZ, SHERMAN	☒ Delete	STREET ADDRESS			28630 SAN LUCAS LANE #102		CITY - ST - ZIP			BONITA SPRINGS, FL 34135		TITLE		VP	KAUFFMAN, WILLIAM	☐ Delete	STREET ADDRESS			28630 SAN LUCAS LANE #201		CITY - ST - ZIP			BONITA SPRINGS, FL 34135		TITLE		S	NEWTON, ELIZABETH	☐ Delete	STREET ADDRESS			28630 SAN LUCAS LANE #101		CITY - ST - ZIP			BONITA SPRINGS, FL 34135		TITLE				☐ Delete	STREET ADDRESS					CITY - ST - ZIP					TITLE				☐ Delete	STREET ADDRESS					CITY - ST - ZIP					TITLE				☐ Delete	STREET ADDRESS					CITY - ST - ZIP					TITLE	P	NAME	Bohenread, Tom	☒ Change ☐ Addition	STREET ADDRESS			5045 Jilianne Dr.		CITY - ST - ZIP			Cincinnati OH 45241		TITLE				☐ Change ☐ Addition	STREET ADDRESS					CITY - ST - ZIP					TITLE				☐ Change ☐ Addition	STREET ADDRESS					CITY - ST - ZIP					TITLE				☐ Change ☐ Addition	STREET ADDRESS					CITY - ST - ZIP					TITLE				☐ Change ☐ Addition	STREET ADDRESS					CITY - ST - ZIP				
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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 other like empowered.																																																																																																																																																																								
SIGNATURE: <u><i>Robert Titus</i></u> DATE: <u>3/20/07</u> TELEPHONE: <u>239-396-1886</u> (Signature and typed or printed name of signing officer or director) Date Daytime Phone																																																																																																																																																																								

66097441



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