

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000003406

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



Principal Place of Business  
2220 J AND C BLVD  
SUITE 1  
NAPLES, FL 34109

Mailing Address  
2220 J AND C BLVD  
SUITE 1  
NAPLES, FL 34109

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

3. Mailing Address

FILED  
08 OCT 31 PM 3:23

CLATASSEE, FLORIDA



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

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

09152008

Chg-NP

CR2E037 (12/06)

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

C&L MANAGEMENT SERVICE  
2220 J AND C BLVD, SUITE 1  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Nar  
Sire Alliant Property Management, LLC  
6719 Winkler Rd. Suite 200  
Fort Myers, FL 33919  
City  
Zip Code

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

*Miller*

AGENT

10-24-08

Signature, typed or printed name of registered agent and title if applicable.

(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 D ☐ Delete  
NAME BOBENREAD, TOM  
STREET ADDRESS 5045 JILIANNE DR  
CITY-ST-ZIP CINCINNATI, OH 45241

TITLE D ☐ Delete  
NAME KAUFMAN, WILLIAM  
STREET ADDRESS 28630 SAN LUCAS LANE #201  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE D ☐ Delete  
NAME NEWTON, ELIZABETH  
STREET ADDRESS 28630 SAN LUCAS LANE #101  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD Tom Bobenread ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD William Kaufman ☒ Change ☐ Addition  
NAME 28633 San Lucas Ln # 201  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE TD Elizabeth Newton ☒ Change ☐ Addition  
NAME 28633 San Lucas Ln # 101  
STREET ADDRESS Bonita Springs, FL 34135  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*W D Kaufman* William D Kaufman 10/16/08 2394982356

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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