

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003406

FILED  
Mar 13, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD., SUITE 200  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD., SUITE 200  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 56-2381606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLIANT PROPERTY MANAGEMENT, LLC  
6719 WINKLER RD., SUITE 200  
FORT MYERS, FL 33919 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: PD  
Name: KAUFMAN, WILLIAM  
Address: 28633 SAN LUCAS LANE #201  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP  
Name: RUFFNER, GARY  
Address: 28630 SAN LUCAS LANE #201  
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TSD  
Name: BOBENREAD, TOM  
Address: 28625 SAN LUCAS LANE #201  
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: TOM BOBENREAD

TSD

03/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date