

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008930

FILED
Aug 04, 2008
Secretary of State

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

Current Principal Place of Business:

2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-1655325 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C & L MANAGEMENT SERVICES
2220 J AND C BLVD
SUITE 1
NAPLES, FL 34109 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 () Delete
Name: SCHURDELL, KAROL
Address: 28666 SAN LUCAS LANE #201
City-St-Zip: BONITA SPRINGS, FL 34135

Title: VP () Delete
Name: RIVERA, LUIS F
Address: 28652 SAN LUCAS LN SUITE 102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST () Delete
Name: LENZI, DONNA
Address: 28657 SAN LUCAS LN SUITE 202
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHURDELL, KAREL
Address: 28666 SAN LUCAS LANE #201
City-St-Zip: BONITA SPRINGS, FL 34135

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 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: KAREL SCHURDELL

PD

08/04/2008

Electronic Signature of Signing Officer or Director

Date