

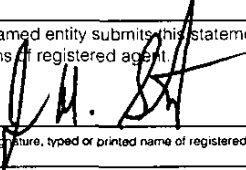
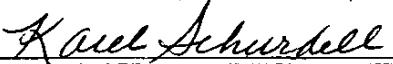


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000008930 1. Entity Name THE ENCLAVE AT PALMIRA V CONDOMINIUM ASSOCIATION, INC.			<div style="text-align: right; font-size: 1.2em; font-weight: bold;">FILED</div> <div style="text-align: right; font-size: 1.1em;">08 NOV 19 PM 2:46</div> <div style="text-align: right; font-size: 0.8em;">ALLIANT STATE NAPLES, FLORIDA</div> 
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. Mailing Address Alliant Property Management, LLC 6719 Winkler Rd. Suite 200 Fort Myers, FL 33919		3. Mailing Address Alliant Property Management, LLC 6719 Winkler Rd. Suite 200 Fort Myers, FL 33919	
		4. FEI Number 20-1655325	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C & L MANAGEMENT SERVICES 2220 J AND C BLVD SUITE 1 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name: _____ Street: 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: 		John M. Strohm, agent 11-11-2008	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: SCHURDELL, KAREL STREET ADDRESS: 28666 SAN LUCAS LANE #201 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400138097994 11/19/08--01034--006 **61.25
TITLE: VP NAME: RIVERA, LUIS F STREET ADDRESS: 28652 SAN LUCAS LN SUITE 102 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete	TITLE: _____ NAME: TO LUIS RIVERA STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ST NAME: LENZI, DONNA STREET ADDRESS: 28657 SAN LUCAS LN SUITE 202 CITY-ST-ZIP: BONITA SPRINGS, FL 34135	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: SD JOE JONES STREET ADDRESS: 28665 San Lucas Ln #201 CITY-ST-ZIP: Bonita Springs, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		September 29 2008 239-949-6464	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	