

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000008930

1. Entity Name  
THE ENCLAVE AT PALMIRA V 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

FILED  
08 NOV 19 PM 2:46  
ALLA MANASSE, FLORIDA



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

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6719 Winkler Rd. Suite 200  
Fort Myers, FL 33919

09152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
20-1655325

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 SERVICES  
2220 J AND C BLVD  
SUITE 1  
NAPLES, FL 34109

7. Name and Address of New Registered Agent

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

*[Signature]*

John M. Strohm, agent

11-11-2008

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 PD ☐ Delete  
NAME SCHURDELL, KAREL  
STREET ADDRESS 28666 SAN LUCAS LANE #201  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE VP ☐ Delete  
NAME RIVERA, LUIS F  
STREET ADDRESS 28652 SAN LUCAS LN SUITE 102  
CITY-ST-ZIP BONITA SPRINGS, FL 34135

TITLE ST ☒ Delete  
NAME LENZI, DONNA  
STREET ADDRESS 28657 SAN LUCAS LN SUITE 202  
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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TO Luis Rivera ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD Joe Jones ☐ Change ☐ Addition  
NAME 28665 San Lucas Ln #201  
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:

*Karel Schurdell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*September 29 2008 239-949-6464*

Date Daytime Phone #