

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000008947

1. Entity Name
THE ENCLAVE AT PALMIRA IV 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

08 OCT 17 PM 12:18

SECRETARY OF STATE
TALLAHASSEE, 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
20-1655395
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Nar
Stre 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

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	P	<input type="checkbox"/> Delete
NAME	SAUL, RONALD	
STREET ADDRESS	28648 SAN LUCAS LANE #202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	ROTHWELL, DOUGLAS	
STREET ADDRESS	28649 SAN LUCAS LANE #202	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOBROFF, LINDA	
STREET ADDRESS	28648 SAN LUCAS LANE #101	
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300137012113
STREET ADDRESS	10/17/08-01020-002 **\$61.25
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/08