

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90007 019 ****61.25

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01172007 Chg-NP CR2E037 (12/06)

DOCUMENT # N05000008154 1. Entity Name THE ENCLAVE AT PALMIRA VI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business SAN LUCAS LANE BONITA SPRINGS, FL 34135		Mailing Address 10621 AIRPORT-PULLING RD N #8 NAPLES, FL 34109	
2. Principal Place of Business - No P.O. Box # 2220 Jand C Blvd		3. Mailing Address 2220 Jand C Blvd	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc. Suite 1	
City & State Naples, FL		City & State Naples, FL	
Zip 34109		Zip 34109	
Country USA		Country USA	
4. FEI Number 20-3401089		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 TITUS, ROBERT 10621 AIRPORT-PULLING RD N #8 NAPLES, FL 34109		7. Name and Address of New Registered Agent Name C&L Management Services Street Address (P.O. Box Numbers Not Acceptable) 2220 Jand C Blvd, Suite 1 City Naples	
State FL		Zip Code 34109	
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:		Robert Titus	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE 3/20/07	
Filing Fee is \$61.25 Due by May 1, 2007		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 GARTLAN, GENE	TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 28341 S. TAMiami TRAIL, SUITE 4	CITY-ST-ZIP BONITA SPRINGS, FL 34134	NAME Thomas Ewing	STREET ADDRESS 28674 San Lucas Lane #102
CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD	NAME TORRES, DAVID	TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 28341 S. TAMiami TRAIL, SUITE 4	CITY-ST-ZIP BONITA SPRINGS, FL 34134	NAME Harvey Kumin	STREET ADDRESS 28670 San Lucas Lane #101
CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete	CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE STD	NAME BOCZULAK, RYAN	TITLE Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 28341 S. TAMiami TRAIL, SUITE 4	CITY-ST-ZIP BONITA SPRINGS, FL 34134	NAME Carol Wallman	STREET ADDRESS 28674 San Lucas Lane #201
CITY-ST-ZIP BONITA SPRINGS, FL 34134	<input type="checkbox"/> Delete	CITY-ST-ZIP Bonita Springs, FL 34135	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	NAME 	STREET ADDRESS
CITY-ST-ZIP 	<input type="checkbox"/> Delete	CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	NAME 	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 	NAME 	STREET ADDRESS
CITY-ST-ZIP 	<input type="checkbox"/> Delete	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:		Robert Titus	
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/20/07	
Daytime Phone # 239-596-1886			