

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05000008154

1. Entity Name
THE ENCLAVE AT PALMIRA VI CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2220 J AND C BLVD.
SUITE
NAPLES, FL 34109

Mailing Address
2220 J AND C BLVD.
SUITE
NAPLES, FL 34109

FILED

08 DEC 12 AM 10:41

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

REINSTATEMENT

4. FEI Number
20-3401089

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C & L MGMT SERVICES
2220 J AND C BLVD., STE 1
NAPLES, FL 34109

7. Name and Address of New Registered Agent

Na
Str. 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

Robert S. Hargie
Signature, typed or printed name of registered agent and title if applicable.

Robert S. Hargie
(NOTE: Registered Agent signature required when reinstating)

12/12/08
DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EWING, THOMAS 28674 SAN LUCAS LANE #102 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KUMIN, HARVEY 28670 SAN LUCAS LANE #101 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WALLMAN, CAROL 28674 SAN LUCAS LANE #201 BONITA SPRINGS, FL 34135	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Harvey Kumin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/17/08 01049 001 \$175.00 10/28/08 01015 004 \$61.25
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"/> Change <input type="checkbox"/> Addition
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:

Harvey Kumin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/08
Date

Daytime Phone #