

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008154

FILED
Mar 26, 2009
Secretary of State

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

Current Principal Place of Business:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

C/O ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 20-3401089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD, SUITE 200
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

ALLIANT PROPERTY MANAGEMENT, LLC
6719 WINKLER ROAD
SUITE 200
FORT MYERS, FL 33919 US

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.

SIGNATURE: JOHN M. STROHM, AGENT

03/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EWING, THOMAS
Address: 28674 SAN LUCAS LANE #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TD () Delete
Name: KUMIN, HARVEY
Address: 28670 SAN LUCAS LANE #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: ST () Delete
Name: WALLMAN, CAROL
Address: 28674 SAN LUCAS LANE #201
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: EWING, THOMAS
Address: 28674 SAN LUCAS LANE #102
City-St-Zip: BONITA SPRINGS, FL 34135

Title: PD (X) Change () Addition
Name: KUMIN, HARVEY
Address: 28670 SAN LUCAS LANE #101
City-St-Zip: BONITA SPRINGS, FL 34135

Title: TSD (X) Change () Addition
Name: WALLMAN, CAROL
Address: 28674 SAN LUCAS LANE #201
City-St-Zip: BONITA SPRINGS, FL 34135

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARVEY KUMIN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date