

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35381

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1269 HANCOCK CIR  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 700762  
ST. CLOUD, FL 34770 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPARKS, GARY  
1269 HANCOCK CIR  
ST. CLOUD, FL 34769 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SPARKS, GARY  
Address: 1269 HANCOCK CIR  
City-St-Zip: SAINT CLOUD, FL 34769

Title: T ( ) Delete  
Name: FISHER, TED  
Address: 1241 HANCOCK CIR  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: ROLISON, BRIAN  
Address: 1265 HANCOCK CIR  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: LAUER, PAUL E  
Address: 1261 HANCOCK CIR  
City-St-Zip: SAINT CLOUD, FL 34769

Title: D ( ) Delete  
Name: LAUER JR., PAUL E  
Address: 1254 HANCOCK CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34769

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: FINKENBINDER, TIMOTHY  
Address: 1214 HANCOCK CIR  
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PAUL E LAUER

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date