

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004273 (9)

1. Corporation Name

PALM VALLEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

160 E PALM VALLEY DRIVE  
OVIEDO FL 32765

160 E PALM VALLEY DRIVE  
OVIEDO FL 32765

3. Date Incorporated or Qualified  
09/16/1993

3a. Date of Last Report  
02/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3204598

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLING, LEE J  
20 N ORANGE AVENUE  
SUITE 700  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. DISCHARGE OF OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
MARTIN, ROBERT W  
STREET ADDRESS  
783 PHOENIX LANE  
CITY-ST-ZIP  
OVIEDO FL 32765

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

V

ROBERT ANDERSEN  
3926 BREAKWATER DRIVE  
OVIEDO FL 32765

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME  
EARLS, BETTY  
STREET ADDRESS  
307 DELRAY DRIVE  
CITY-ST-ZIP  
OVIEDO FL 32765

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

RALPH MCDOWELL  
3249 SENEGAL CIRCLE  
OVIEDO FL 32765

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME  
STEWART, MARY JANE  
STREET ADDRESS  
3577 PALM VALLEY CIRCLE  
CITY-ST-ZIP  
OVIEDO FL 32765

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

JAY MROOTIN  
395 MONTEREY DRIVE  
OVIEDO FL 32765

☐ Change

☐ Addition

TITLE ☐ DELETE

NAME  
PATTERSON, SUSAN  
STREET ADDRESS  
3906 NEDDLE PALM PLACE  
CITY-ST-ZIP  
OVIEDO FL 32765

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

FREDA MARTIN  
783 PHOENIX LANE  
OVIEDO FL 32765

☐ Change

☒ Addition

TITLE ☐ DELETE

NAME  
LOMBARD, RICHARD  
STREET ADDRESS  
3870 SABAL DRIVE  
CITY-ST-ZIP  
OVIEDO FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D

ROBERT MARSHALL  
855 PHOENIX LANE  
OVIEDO FL 32765

☐ Change

☒ Addition

TITLE ☒ DELETE

NAME  
DOUGLAS, DAVID  
STREET ADDRESS  
3840 KING SAGO COURT  
CITY-ST-ZIP  
OVIEDO FL 32765

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D

ROBERT MARSHALL  
855 PHOENIX LANE  
OVIEDO FL 32765

☐ Change

☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)