

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90088 025 \*\*\*\*70.00

0014562

**DOCUMENT # N93000004273**

1. Corporation Name

**PALM VALLEY HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**160 E PALM VALLEY DRIVE  
OVIEDO FL 32765**

Mailing Address

**160 E PALM VALLEY DRIVE  
OVIEDO FL 32765**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

3. Date Incorporated or Qualified

**09/16/1993**

4. FEI Number

**59-3204598**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

**500 N. MAITLAND AVE, SUITE 203**

83

84 City

**MAITLAND,**

**FL**

85 Zip Code  
**32751**

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

TITLE ☐ DELETE

**P  
ANDERSEN, ROBERT  
3926 BREAKWATER DR  
OVIEDO FL 32765**

TITLE ☐ DELETE

**V  
LOMBARD, RICHARD  
660 SAN JUAN BAY  
OVIEDO FL 32765**

TITLE ☐ DELETE

**T  
WALKER, CHARLES  
660 SAN JUAN BAY  
OVIEDO FL 32765**

TITLE ☐ DELETE

**S  
LAFRANCE, HELEN  
3778 SENEGAL CIR  
OVIEDO FL 32765**

TITLE ☐ DELETE

**D  
KNOWLES, GLEN  
41256 SUGAR PALM TERRACE  
OVIEDO FL 32765**

TITLE ☐ DELETE

**D  
BLURAS, MARY  
1020 LANTANIA PL  
OVIEDO FL 32765**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**S  
DOEGE, PEGGY  
3971 BREAKWATER DRIVE  
OVIEDO FL 32765**

**D  
KOCH, MARY BLURAS  
1020 LANTANIA PL  
OVIEDO FL 32765**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

**Feb 1-1999** 467 366-2040