


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 08, 2004 8:00 am**  
**Secretary of State**

07-08-2004 90096 009 \*\*\*\*70.00

|                                                                   |                                                                                   |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N93000004273</b>                                    |  |
| 1. Entity Name<br><b>PALM VALLEY HOMEOWNERS ASSOCIATION, INC.</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>160 E PALM VALLEY DRIVE<br/>OVIEDO, FL 32765</b> | Mailing Address<br><b>160 E PALM VALLEY DRIVE<br/>OVIEDO, FL 32765</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07012004 Chg-NP CR2E037 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3204598</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                                 |  |                                                                                          |  |
|---------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                                 |  | 7. Name and Address of New Registered Agent                                              |  |
| <b>LEVEY, T.J.</b><br><b>931 E PALM VALLEY DRIVE</b><br><b>OVIEDO, FL 32765</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 T.J. Levey - T.J. LEVEY DATE 7-2-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|                                                           |                                                                                                                        |                                                              |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|

|                                                |                                                                                                                    |                                                       |                                                                                                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. OFFICERS AND DIRECTORS                     |                                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>AUGHE, KARL<br>4186 SUGAR PLM TERRACE<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P<br>PARRISH, BILL<br>987 PONYTAIL PALM CIR<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>GRAFFIUS, CHARLES<br>4180 SUGAR PALM TERRACE<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V<br>HAROLD FRANKLIN<br>901 E. PALM VALLEY DR<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>NULPH, RON<br>836 PHOENIX LANE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete                            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S<br>LEVEY, T.J.<br>931 E. PALM VALLEY DR<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>FORAN, EARL<br>3544 PALM VALLEY CIRCLE<br>OVIEDO, FL 32765 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>MC GUIRE, DOROTHY<br>3720 CHRISTMAS PALM PL<br>OVIEDO, FL 32765 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CLOSSON, ANNABELLE<br>749 E. PALM VALLEY DRIVE<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>BRADLEY, EARLENE<br>3796 SENEGAL CIR<br>OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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: T.J. Levey - T.J. LEVEY DATE 7-2-04 DAYTIME PHONE # 407-359-7658  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR