

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004273

FILED
Apr 16, 2009
Secretary of State

Entity Name: PALM VALLEY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

500 E PALM VALLEY DRIVE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

934 E PALM VALLEY DRIVE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3204598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANSON, ROBERT
934 E PALM VALLEY DRIVE
OVIEDO, FL 32765 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: PRES () Delete
Name: SWANSON, ROBERT
Address: 934 E PALM VALLEY DR
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: CRITTENDEN, RICHARD
Address: 3865 COCONUT PALM CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: TREA () Delete
Name: REEVES, LUCIUS V
Address: 4114 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: SECY () Delete
Name: SHOWFETY, IRENE
Address: 993 PONYTAIL PALM DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: DIR () Delete
Name: DICENSO, CAROLYN
Address: 715 BAMBOO PALM WAY
City-St-Zip: OVIEDO, FL 32765

Title: DIR () Delete
Name: PACHLER, JOHN
Address: 3626 LA PAZ CIRCLE
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PACHLER, JOHN
Address: 3626 LA PAZ CIRCLE
City-St-Zip: OVIEDO, FL 32765

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

Title: SECY (X) Change () Addition
Name: LEONARD, AUDREY
Address: 964 PONYTAIL PALM CIRCLE
City-St-Zip: OVIEDO, FL 32765

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

Title: DIR (X) Change () Addition
Name: ASHLEY, ANNE
Address: 4204 SUGAR PALM TERRACE
City-St-Zip: OVIEDO, FL 32765

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: ROBERT SWANSON

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date