

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90117 047 \*\*\*\*70.00

**DOCUMENT # N93000004273**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3204598**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEVEY, T.J.  
931 E PALM VALLEY DRIVE  
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	V	Delete
NAME	<b>HENDRICKSON, JEANNE</b>	
STREET ADDRESS	<b>1015 LANTANA PLACE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	P	Delete
NAME	<b>GRAFFIUS, CHARLES</b>	
STREET ADDRESS	<b>4180 SUGAR PALM TERRACE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	T	Delete
NAME	<b>BOLTON, JAMES</b>	
STREET ADDRESS	<b>3991 SABAL DRIVE</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	D	Delete
NAME	<b>MARTELL, RAMONA</b>	
STREET ADDRESS	<b>911 PONY TAIL CIR</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	D	Delete
NAME	<b>PARRISH, BILL</b>	
STREET ADDRESS	<b>987 PONY TAIL CIR</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	
TITLE	S	Delete
NAME	<b>BRADLEY, EARLENE</b>	
STREET ADDRESS	<b>3796 SENEGAL CIR</b>	
CITY-ST-ZIP	<b>OVIEDO FL 32765</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	Change	Addition
NAME	<b>Karl Aughe</b>		
STREET ADDRESS	<b>4186 Sugar Palm Terrace</b>		
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	T	Change	Addition
NAME	<b>Ron Nulph</b>		
STREET ADDRESS	<b>836 Phoenix Lane</b>		
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>		
TITLE		Change	Addition
NAME	<b>Earl Foran - D</b>		
STREET ADDRESS	<b>3544 Palm Valley Circle</b>		
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>		
TITLE		Change	Addition
NAME	<b>Annabelle Closson-D</b>		
STREET ADDRESS	<b>749 E. Palm Valley Drive</b>		
CITY-ST-ZIP	<b>OVIEDO, FL 32765</b>		
TITLE		Change	Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:

**SIGNATURE REQUIRED**

**4/15/03 407-366-4254**

CR2E037 (10/02)

Attachment #

76036764

N93000004273

Additional Directors for

PALM VALLEY HOMEOWNERS ASSOCIATION, INC.

Virginia Andreski - D  
434 E. Palm Valley Drive  
Oviedo, FL 32765

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Sandi Trainor, - D  
931 Lantania Place  
Oviedo, FL 32765

Harold Franklin - D  
901 E. Palm Valley Drive  
Oviedo, FL 32765

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