


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006684

1. Entity Name
PALOMINO VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8080 PALOMINO DRIVE NAPLES, FL 34113	Mailing Address 8080 PALOMINO DRIVE NAPLES, FL 34113 US
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03282005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0555287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GREUSEL, JAMIE B
 1104 N. COLLIER BOULEVARD
 MARCO ISLAND, FL 34145**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KUZNAR, THOMAS 8063 PALOMINO DR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRONAN, JAMES R 8079 PALOMINO DR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRABOWSKI, DOLORES T 8087 PALOMINO DR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FANELLI, NONNYE H 8003 PALOMINO DR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GILLIGAN, LAWRENCE M 8058 PALOMINO DR. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000285157
 04/02/05-80032-025 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Thomas A. Kuznar, PRES 4-1-05 239-404-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

THOMAS A. KUZNAR