


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90027 004 \*\*\*\*61.25

<b>DOCUMENT # N97000006684</b>					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GREUSEL, JAMIE B 1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KUZNAR, THOMAS			NAME	GARY J. STEWART
STREET ADDRESS	8063 PALOMINO DR			STREET ADDRESS	8131 PALOMINO DR
CITY-ST-ZIP	NAPLES, FL 34113			CITY-ST-ZIP	NAPLES, FL 34113
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONAN, JAMES R			NAME	
STREET ADDRESS	8079 PALOMINO DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113			CITY-ST-ZIP	
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABOWSKI, DOLORES T			NAME	
STREET ADDRESS	8087 PALOMINO DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FANELLI, NONNYE H			NAME	
STREET ADDRESS	8003 PALOMINO DR			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113			CITY-ST-ZIP	
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIGAN, LAWRENCE M			NAME	
STREET ADDRESS	8058 PALOMINO DR.			STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34113			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Nonnye H. Fanelli, Treas</i>		Date: 3-2-06		Daytime Phone #: 239-732-0755	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
NONNYE H. FANELLI, TREAS.					