


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006684 1. Entity Name PALOMINO VILLAGE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8080 PALOMINO DRIVE NAPLES, FL 34113	Mailing Address 8080 PALOMINO DRIVE NAPLES, FL 34113 US
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03262008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0555287	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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, 2008


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

000000876218
 04/11/08-80066-003 61.25

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 STEWART, GARY J 8131 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	VD ANGELUCCI, SHARON F 8062 PALOMINO DR NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **James R. Cronan** 3/26/08 417-0797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #