FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004273 (9)

1. Corporation Name

PALM VALLEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
160 E PALM VALLEY DRIVE OVIEDO FL 32765	160 E PALM VALLEY DRIVE OVIEDO FL 32765

3. Date Incorporated or Qualified: 09/16/1993

3a. Date of Last Report: 02/08/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-3204598 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COLLING, LEE J
20 N ORANGE AVENUE
SUITE 700
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	MARTIN, ROBERT W	
STREET ADDRESS	783 PHOENIX LANE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☒ DELETE
NAME	EARLS, BETTY	
STREET ADDRESS	307 DELRAY DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE
NAME	STEWART, MARY JANE	
STREET ADDRESS	3577 PALM VALLEY CIRCLE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE
NAME	PATTERSON, SUSAN	
STREET ADDRESS	3906 NEDDLE PALM PLACE	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE
NAME	LOMBARD, RICHARD	
STREET ADDRESS	3870 SABAL DRIVE	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	☒ DELETE
NAME	DOUGLAS, DAVID	
STREET ADDRESS	3840 KING SAGO COURT	
CITY-ST-ZIP	OVIEDO FL 32765	

13. OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	ROBERT ANDERSEN	
1.3 STREET ADDRESS	3926 BREAKWATER DRIVE	
1.4 CITY-ST-ZIP	OVIEDO FL 32765	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	RALPH MCDOWELL	
2.3 STREET ADDRESS	3749 SENEGAL CIRCLE	
2.4 CITY-ST-ZIP	OVIEDO FL32765	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	JAY MROOTIN	
4.3 STREET ADDRESS	395 MONTEREY DRIVE	
4.4 CITY-ST-ZIP	OVIEDO FL 32765	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	FREDA MARTIN	
5.3 STREET ADDRESS	783 PHOENIX LANE	
5.4 CITY-ST-ZIP	OVIEDO FL 32765	
6.1 TITLE	D	☐ Change ☒ Addition
6.2 NAME	ROBERT MARSHALL	
6.3 STREET ADDRESS	855 PHOENIX LANE	
6.4 CITY-ST-ZIP	OVIEDO FL 32765	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R B Martin 2/7/96 407-365-7849
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #