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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32765180 E PALM VALLEY DRIVE
OVIEDO FL 32765-88693. Date Incorporated or Qualified
09/16/19933a. Date of Last Report
02/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number

59-3204598

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MARTIN, ROBERT W
STREET ADDRESS 783 PHOENIX LANE
CITY-ST-ZIP OVIEDO FL1.1 TITLE ROBERT ANDERSEN
1.2 NAME VICE PRESIDENT
1.3 STREET ADDRESS 3926 BREAKWATER DRIVE
1.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE D
NAME MCDOWELL, RALPH
STREET ADDRESS 3749 SENEGAL CIRCLE
CITY-ST-ZIP OVIEDO FL2.1 TITLE DIRECTOR
2.2 NAME JAY MROOTIN
2.3 STREET ADDRESS 395 MONTEREY DRIVE,
2.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE T
NAME STEWART, MARY JANE
STREET ADDRESS 3577 PALM VALLEY CIRCLE
CITY-ST-ZIP OVIEDO FL3.1 TITLE DIRECTOR
3.2 NAME FRED MARTIN
3.3 STREET ADDRESS 783 PHOENIX LANE,
3.4 CITY-ST-ZIP OVIEDO, FL 32765TITLE S
NAME PATTERSON, SUSAN
STREET ADDRESS 3906 NEDDLE PALM PLACE
CITY-ST-ZIP OVIEDO FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D
NAME LOMBARD, RICHARD
STREET ADDRESS 3870 SABAL DRIVE
CITY-ST-ZIP OVIEDO FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME MARSHALL, ROBERT
STREET ADDRESS 855 PHOENIX LANE
CITY-ST-ZIP OVIEDO FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone # 0014454

CR2E037 (9/96)