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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004273 (9)**

1. Corporation Name

PALM VALLEY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 160 E PALM VALLEY DRIVE OVIEDO FL 32765	Mailing Address 160 E PALM VALLEY DRIVE OVIEDO FL 32765
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3. Date Incorporated or Qualified

08/16/1993

4. FEI Number

59-3204598

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip 25 Country

28 Zip 30 Country

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, ROBERT W	
STREET ADDRESS	783 PHOENIX LANE	
CITY-ST-ZIP	OVIEDO FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANDERSEN, ROBERT	
1.3 STREET ADDRESS	3926 Breakwater Dr.	
1.4 CITY-ST-ZIP	Oviedo, FL 32765	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDOWELL, RALPH	
STREET ADDRESS	3749 SENEGAL CIRCLE	
CITY-ST-ZIP	OVIEDO FL	

2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LOMBARD, RICHARD	
2.3 STREET ADDRESS	3870 Sabal Drive	
2.4 CITY-ST-ZIP	Oviedo, FL 32765	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	STEWART, MARY JANE	
STREET ADDRESS	3577 PALM VALLEY CIRCLE	
CITY-ST-ZIP	OVIEDO FL	

3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WALKER, CHARLES	
3.3 STREET ADDRESS	660 San Juan Bay	
3.4 CITY-ST-ZIP	Oviedo, FL 32765	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, SUSAN	
STREET ADDRESS	3906 NEDDLE PALM PLACE	
CITY-ST-ZIP	OVIEDO FL	

4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LaFrance, Helen	
4.3 STREET ADDRESS	3778 Senegal Circle	
4.4 CITY-ST-ZIP	Oviedo, FL 32765	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LOMBARD, RICHARD	
STREET ADDRESS	3870 SABAL DRIVE	
CITY-ST-ZIP	OVIEDO FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KNOWLES, GLEN	
5.3 STREET ADDRESS	4126 Sugar Palm Terrace	
5.4 CITY-ST-ZIP	Oviedo, FL 32765	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARSHALL, ROBERT	
STREET ADDRESS	855 PHOENIX LANE	
CITY-ST-ZIP	OVIEDO FL	

6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BLURAS, MARY	
6.3 STREET ADDRESS	1020 Lantania Place	
6.4 CITY-ST-ZIP	Oviedo, FL 32765	

14. I 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:

[Handwritten Signature]

2-24-98

366-2040

CR2E037 (10/97)