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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000004273**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/16/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3204598 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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) 500 N. MAITLAND AVE, SUITE 203

83

84 City MAITLAND, FL 85 Zip Code 32751

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSEN, ROBERT		1.2 NAME		
STREET ADDRESS	3926 BREAKWATER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LOMBARD, RICHARD		2.2 NAME		
STREET ADDRESS	660 SAN JUAN BAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		2. 4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, CHARLES		3.2 NAME		
STREET ADDRESS	660 SAN JUAN BAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	LAFRANCE, HELEN		4. 2 NAME	DOEGE, PEGGY	
STREET ADDRESS	3778 SENEGAL CIR		4.3 STREET ADDRESS	3971 BREAKWATER DRIVE	
CITY-ST-ZIP	OVIEDO FL 32765		4.4 CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KNOWLES, GLEN		5.2 NAME		
STREET ADDRESS	41256 SUGAR PALM TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL 32765		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BLURAS, MARY		6.2 NAME	KOCH, MARY BLURAS	
STREET ADDRESS	1020 LANTANIA PL		6.3 STREET ADDRESS	1020 LANTANIA PL	
CITY-ST-ZIP	OVIEDO FL 32765		6.4 CITY-ST-ZIP	OVIEDO FL 32765	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: P. Kevin Andersen PRESIDENT Feb 1-1999 407 366-2040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #