

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004273

1. Entity Name

PALM VALLEY HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90037 005 ****70.00

Principal Place of Business

Mailing Address

160 E PALM VALLEY DRIVE
OVIEDO FL 32765

160 E PALM VALLEY DRIVE
OVIEDO FL 32765-8869

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3204598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLING, LEE J
500 N. MAITLAND AVE.
SUITE 203
MAITLAND FL 32751

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ANDERSEN, ROBERT**
CITY-ST-ZIP **3926 BREAKWATER DR**
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **LOMBARD, RICHARD**
CITY-ST-ZIP **3870 Sabal Dr**
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **WALKER, CHARLES**
CITY-ST-ZIP **660 SAN JUAN BAY**
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **DOEGE, PEGGY**
CITY-ST-ZIP **3971 BREAKWATER DR.**
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KNOWLES, GLEN**
CITY-ST-ZIP **41256 SUGAR PALM TERRACE**
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KOCH, MARY B**
CITY-ST-ZIP **1020 LANTANIA PL.**
OVIEDO FL 32765

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Robert Andersen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)