

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006651

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC6435397562**

**Entity Name:** PALMA VISTA AT PALMA SOLA HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O ASHTON TAMPA RESIDENTIAL, LLC  
2450 MAITLAND CENTER PKWY STE 301  
MAITLAND, FL 32751

**Current Mailing Address:**

C/O ASHTON TAMPA RESIDENTIAL, LLC  
2450 MAITLAND CENTER PKWY STE 301  
MAITLAND, FL 32751

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THE MELROSE MANAGEMENT PARTNERSHIP, L.L.C.  
1600 W COLONIAL DR  
ORLANDO, FL 32804 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            RENY, JOHN  
Address        C/O ASHTON TAMPA RESIDENTIAL,  
                  LLC  
                  2450 MAITLAND CENTER PARKWAY  
                  SUITE 301  
City-State-Zip: MAITLAND FL 32751

Title            VP, DIRECTOR  
Name            GILMET, LANCE  
Address        C/O ASHTON TAMPA RESIDENTIAL,  
                  LLC  
                  2450 MAITLAND CENTER PARKWAY  
                  SUITE 301  
City-State-Zip: MAITLAND FL 32751

Title            SECRETARY, TREASURER,  
                  DIRECTOR  
Name            FISHER, ELVIN  
Address        C/O ASHTON TAMPA RESIDENTIAL,  
                  LLC  
                  2450 MAITLAND CENTER PARKWAY  
                  SUITE 301  
City-State-Zip: MAITLAND FL 32751

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN RENY**

**PRESIDENT**

**04/28/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date