

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000006651

**FILED  
Apr 30, 2019  
Secretary of State  
7034358728CC**

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

**Current Principal Place of Business:**

C/O THE MELROSE MANAGEMENT PARTNERSHIP  
1600 W COLONIAL DR  
ORLANDO, FL 32804

**Current Mailing Address:**

C/O THE MELROSE MANAGEMENT PARTNERSHIP  
1600 W COLONIALDR  
ORLANDO, FL 32804 US

**FEI Number: 20-2920564**

**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  
Name            BERUFF, CARLOS  
Address        C/O THE MELROSE MANAGEMENT PARTNERSHIP  
                  1600 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

Title            VICE PRESIDENT, TREASURER  
Name            CHAVEZ, CHRIS  
Address        C/O THE MELROSE MANAGEMENT PARTNERSHIP  
                  1600 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

Title            SECRETARY  
Name            AMATO, JOSEPH J  
Address        C/O THE MELROSE MANAGEMENT PARTNERSHIP  
                  1600 W COLONIAL DR  
City-State-Zip: ORLANDO FL 32804

*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: CARLOS BERUFF**

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date