## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35381

Entity Name: PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION,

INC.

May 06, 2014 Secretary of State CC3917588059

**FILED** 

## **Current Principal Place of Business:**

1269 HANCOCK CIR ST. CLOUD, FL 34769

# **Current Mailing Address:**

PO BOX 700762

ST. CLOUD, FL 34770 US

FEI Number: 26-0161320 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SPARKS, GARY 1269 HANCOCK CIR ST. CLOUD, FL 34769 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 PD Title T

NameSPARKS, GARYNameLAUER, PAUL EAddress1269 HANCOCK CIRAddress1261 HANCOCK CIRCity-State-Zip:SAINT CLOUD FL 34769City-State-Zip:SAINT CLOUD FL 34769

Title VP Title D

Name TRACE, KEITH Name BOSSELL, DON

Address 1237 HANCOCK CIR Address 1221HANCOCK CIRCLE
City-State-Zip: SAINT CLOUD FL 34769 City-State-Zip: SAINT CLOUD FL 34769

Title D

Name BELTZ, KENNETH

Address 1234 HANCOCK CIRCLE

City-State-Zip: SAINT CLOUD FL 34769

SIGNATURE: PAUL E. LAUER

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.

Electronic Signature of Signing Officer/Director Detail

**TREASURER** 

05/06/2014