

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

DOCUMENT# N93000004273

**Entity Name:** PALM VALLEY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3700 PALM VALLEY CIRCLE  
OVIEDO, FL 32765**Current Mailing Address:**850 CAROLINA PALM LANE  
OVIEDO, FL 32765 US**FEI Number: 59-3204598****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FERRELL, SUSAN  
850 CAROLINA PALM LANE  
OVIEDO, FL 32765 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:** SUSAN FERRELL

02/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name WALKER, MEGAN  
Address 3872 QUEEN SAGO CT  
City-State-Zip: OVIEDO FL 32765

Title PRESIDENT  
Name BURFITT, DEL  
Address 3700 SENEGAL CIRCLE  
City-State-Zip: OVIEDO FL 32765

Title TREA  
Name FERRELL, SUSAN  
Address 850 CAROLINA PALM LANE  
City-State-Zip: OVIEDO FL 32765

Title VP  
Name LANOUE, TERESA  
Address 3988 SABAL DRIVE  
City-State-Zip: OVIEDO FL 32765

Title DIR  
Name COHEN, CARL  
Address 3713 COCONUT PALM CIR  
City-State-Zip: OVIEDO FL 32765

Title DIR  
Name KLING, DAN  
Address 4096 SUGAR PALM TERRACE  
City-State-Zip: OVIEDO FL 32765

Title DIR  
Name ESTES, RICK  
Address 345 PRINCETON DR  
City-State-Zip: OVIEDO FL 32765

Title DIR  
Name HUFFMAN, SANDI  
Address 907 LANTANIA PL  
City-State-Zip: OVIEDO FL 32765

**Continues on page 2**

*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:** SUSAN FERRELL

TREASURER

02/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	MCCROCKLIN, ANN
Address	858 CAROLINA PALM LANE
City-State-Zip:	OVIEDO FL 32765