

**2014 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

02/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GRIMM, MARVIN  
Address 3901 NEEDLE PALM PLACE  
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 SECY  
Name LANOUE, TERESA  
Address 3988 SABAL DRIVE  
City-State-Zip: OVIEDO FL 32765

Title DIR  
Name RODRIGUE, RON  
Address 712 BAMBOO PALM WAY  
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 JOLIFF, MARA LEE  
Address 874 CAROLINA PALM LANE  
City-State-Zip: OVIEDO FL 32765

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*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

02/16/2014

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