

2016 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

03/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name MANN, SHERYL
Address 871 CAROLINA PALM LANE
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 DIONNE, ED
Address 3882 SABAL DR
City-State-Zip: OVIEDO FL 32765

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

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**

03/04/2016

Electronic Signature of Signing Officer/Director Detail

Date