

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

DOCUMENT# N97000006684

**Entity Name:** PALOMINO VILLAGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

8080 PALOMINO DRIVE  
NAPLES, FL 34113

**FILED**  
**Feb 14, 2015**  
**Secretary of State**  
**CC6782978549**

**Current Mailing Address:**

8080 PALOMINO DRIVE  
NAPLES, FL 34113 US

**FEI Number: 65-0555287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GREUSEL, JAMIE B  
1104 N. COLLIER BOULEVARD  
MARCO ISLAND, FL 34145 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 P  
Name MCKINLEY, SUSAN  
Address 8091 PALOMINO DRIVE  
City-State-Zip: NAPLES FL 34113

Title S  
Name FROST, KIM  
Address 8034 PALOMINO DR  
City-State-Zip: NAPLES FL 34113

Title VP  
Name YEATES, BRIAN  
Address 8031 PALOMINO DR  
City-State-Zip: NAPLES FL 34113

Title T  
Name JAMES, CHERYL E  
Address 8066 PALOMINO DR  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name TOWNE, LINDA  
Address 8058 PALOMINO DR  
City-State-Zip: NAPLES FL 34113

Title DIRECTOR  
Name KUZNAR, TOM  
Address 8063 PALOMINO DRIVE  
City-State-Zip: NAPLES FL 34113

*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: CHERYL JAMES**

**TREASURER**

**02/14/2015**

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

\_\_\_\_\_  
Date