

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 08:00 A
Secretary of State

DOCUMENT # 722164

1. Entity Name
PALOMAR PLACE MANAGEMENT, INC.



Principal Place of Business
**1232 MAURY RD
ORLANDO FLA, 32804**

Mailing Address
**1244 MAURY RD
ORLANDO FLA, FL 32804 US**

DO NOT WRITE IN THIS SPACE



08142006 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1447828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, BETTY A
1244 MAURY ROAD
ORLANDO, FL 32804**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	WALKER, BETTY
STREET ADDRESS	1244 MAURY ROAD
CITY-ST-ZIP	ORLANDO, FL
TITLE	PD
NAME	MAXIE, CINNAMON
STREET ADDRESS	1234 MAURY RD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DVP
NAME	STERN, JUDY
STREET ADDRESS	1248 MAURY RD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	DS
NAME	STEAWART, CAROL
STREET ADDRESS	1220 MAURY RD
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/17/06-80001-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Betty Walker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/06 *407*
Date Daytime Phone #