

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90016 035 ****61.25

DOCUMENT # 722164

1. Entity Name
PALOMAR PLACE MANAGEMENT, INC.



Principal Place of Business
1244 MAURY RD
ORLANDO FLA, 32804

Mailing Address
1244 MAURY RD
ORLANDO FLA, FL 32804 US

DO NOT WRITE IN THIS SPACE



07172008 No Chg-NP CR2E037 (4/06)

| | |
|--|-------------------------------|
| 4. FEI Number 59-1447828 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 12, 2008

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

U00000855727
07/22/08-90003-011 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WALKER, BETTY
1244 MAURY ROAD
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
MAXIE, CINNAMON
1234 MAURY RD
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
STERN, JUDY
1248 MAURY RD
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
STEAWART, CAROL
1220 MAURY RD
ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Betty Walker

7/18/08

407 481-9487

Date

Daytime Phone #