

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2002 8:00 am**  
**Secretary of State**

03-31-2002 90353 022 \*\*\*\*61.25

DOCUMENT # N000000031036

1. Entity Name

Palomino Lakes Property Owners  
Association, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

17605 Palomino Lakes Drive

Suite, Apt. #, etc.

3. Mailing Address

17605 Palomino Lakes Drive

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City, FL

Zip

33523

Country

USA

Zip

33523

Country

USA

4. FEI Number

65-0996191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**B0053930**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Linda Dreibelbis

Street Address (P.O. Box Number is Not Acceptable)

17605 Palomino Lakes Drive

City

Dade City

FL

Zip Code

33523

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-2002 Linda Dreibelbis

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE Director D  
NAME Jim Novotny  
STREET ADDRESS 17425 Palomino Lakes Dr.  
CITY-ST-ZIP Dade City, FL 33523

TITLE Director D  
NAME Roger Reeves  
STREET ADDRESS 17037 Palomino Lakes Dr.  
CITY-ST-ZIP Dade City FL 33523

TITLE Director / Treasurer D/T  
NAME Sherri Reeves  
STREET ADDRESS 17037 Palomino Lakes Dr.  
CITY-ST-ZIP Dade City FL 33523

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sherri Reeves Sherri Reeves

3-18-02

352-598-0602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)