

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03206

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: PALOMAR TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1100 MAURY RD  
ORLANDO, FL 32804 US

**New Principal Place of Business:**

527 WEKIVA COMMONS CIRCLE  
APOPKA, FL 32712 US

**Current Mailing Address:**

1100 MAURY RD  
ORLANDO, FL 32804 US

**New Mailing Address:**

527 WEKIVA COMMONS CIRCLE  
APOPKA, FL 32712 US

FEI Number: 59-2969910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VOSE, GRETCHEN R H  
527 WEKIVA COMMONS CIRCLE  
APOPKA, FL 32712 US

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

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

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: VOSE, GRETCHEN R H  
Address: 527 WEKIVA COMMONS CIRCLE  
City-St-Zip: APOPKA, FL 32712

Title: T ( ) Delete  
Name: VOSE, JEFFREY  
Address: 1102 MAURY RD  
City-St-Zip: ORLANDO, FL 32804

Title: PD ( ) Delete  
Name: LEONARD, BRUCE  
Address: 1100 MAURY ROAD  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: VOSE, JEFFREY H  
Address: 1102 MAURY ROAD  
City-St-Zip: ORLANDO, FL 32804

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEFFREY H. VOSE

PD

04/18/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date