

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 8:00 am**  
**Secretary of State**

03-28-2007 90001 049 \*\*\*\*61.25

<b>DOCUMENT # N34088</b> 1. Entity Name <b>PALMA VISTA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>1750 W. BROADWAY STREET, #118</b> <b>OWIEDO, FL 32765 US</b>			Mailing Address <b>1750 W. BROADWAY STREET, #118</b> <b>OWIEDO, FL 32765 US</b>		
2. Principal Place of Business - No P.O. Box # <b>90 HARA Management, Inc.</b> Suite, Apt. #, etc. <b>118 N. Wymore Rd</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		3. Mailing Address <b>90 HARA Management, Inc.</b> Suite, Apt. #, etc. <b>118 N. Wymore Rd</b> City & State <b>Winter Park, FL</b> Zip <b>32789</b>		02222007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2967814</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DAVIS, KEVIN M</b> <b>90 COMMUNITY MANAGEMENT SPECIALISTS, INC.</b> <b>1750 W. BROADWAY ST., #118</b> <b>OWIEDO, FL 32765</b>			7. Name and Address of New Registered Agent Name <b>Robert HARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>90 HARA Management, Inc.</b> <b>118 N. Wymore Rd</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>		
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		<b>Robert Hara</b>		<b>2-22-07</b>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWATEK, ANTHONY 7679 ST STEPHENS CT ORLANDO, FL 32836		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAO, MICHELA 2439 FORT DR ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ALTIER, JODEU 2507 RD DR ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLOUFFE, RICHARD 7549 ST. STEPHENS CRT ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAMMONS, MARK 7637 DEBEAUBIEN DR ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:		<b>3/21/07</b>		<b>407-298-9255</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	