

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90025 008 \*\*\*\*61.25

<b>DOCUMENT # N34088</b> 1. Entity Name <b>PALMA VISTA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O HARA MANAGEMENT, INC.</b> <b>118 N. WYMORE RD.</b> <b>WINTER PARK, FL 32789 US</b>			Mailing Address <b>C/O HARA MANAGEMENT, INC.</b> <b>118 N. WYMORE RD.</b> <b>WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box # <b>C/O HARA MANAGEMENT, INC.</b> Suite, Apt. #, etc. <b>931 S. SEMORAN Blvd #214</b> City & State <b>Winter Park, FL</b> Zip <b>32792</b> Country <b>US</b>			3. Mailing Address <b>C/O HARA MANAGEMENT, INC.</b> Suite, Apt. #, etc. <b>931 S. SEMORAN Blvd #214</b> City & State <b>Winter Park, FL</b> Zip <b>32792</b> Country <b>US</b>		
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>HARA, ROBERT</b> <b>C/O HARA MANAGEMENT, INC.</b> <b>118 N. WYMORE RD.</b> <b>WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>931 S. SEMORAN Blvd. #214</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32792</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	
	PD	SWATEK, ANTHONY	7679 ST STEPHENS CT ORLANDO, FL 32836		
	VPD	TAO, MICHELA	2439 FORT DR ORLANDO, FL 32835		
	DT	ALTIER, JODEU	2507 RD DR ORLANDO, FL 32835		
	D	PLOUFFE, RICHARD	7549 ST. STEPHENS CRT ORLANDO, FL 32835		
	SD	SAMMONS, MARK	7637 DEBEAUBIEN DR ORLANDO, FL 32835		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
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.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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