

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35381

FILED
Apr 24, 2007
Secretary of State

Entity Name: PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1269 HANCOCK CIR
ST. CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 700762
ST. CLOUD, FL 34770 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPARKS, GARY
1269 HANCOCK CIR
ST. CLOUD, FL 34769 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: PD () Delete
Name: SPARKS, GARY
Address: 1269 HANCOCK CIR
City-St-Zip: SAINT CLOUD, FL 34769

Title: T () Delete
Name: FISHER, TED
Address: 1241 HANCOCK CIR
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: ROLISON, BRIAN
Address: 1265 HANCOCK CIR
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: LAUER, PAUL E
Address: 1261 HANCOCK CIR
City-St-Zip: SAINT CLOUD, FL 34769

Title: D () Delete
Name: LAUER JR., PAUL E
Address: 1254 HANCOCK CIRCLE
City-St-Zip: SAINT CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: PAUL E. LAUER

D

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date