

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90034 035 ****61.25

60046254



07072008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3084324

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALMERSTON, LLC
165 W. STATE ROAD 434
WINTER SPRINGS, FL 32708

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VANACORE, OLIVER 1669 RIVEREDGE RD OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD D'AULERIO, JOE 1288 TWIN RIVERS BLVD OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TYLER, BILL 1287 TWIN RIVERS BLVD. OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEMAN, MARILYN 2320 COOLBROOK CT OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VELEZ, TONY 1260 TWIN RIVIERS BLVD. OVIEDO, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Joe D'Aulerio **Joe D'Aulerio** 7-25-08 407-359-9315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #