

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90178 049 \*\*\*\*61.25

**DOCUMENT # N93000001303**

1. Entity Name

**OLD PALM VALLEY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

200 EXECUTIVE WAY  
SUITE 111  
PONTE VEDRA FL 32082  
US

Mailing Address

P. O. BOX 2055  
PONTE VEDRA FL 32004



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3198314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EWING, JOHN T  
200 EXECUTIVE WAY  
SUITE 111  
PONTE VEDRA FL 32082

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME FRIEDMAN, RITA  
STREET ADDRESS 252 SHELL BLUFF CT.  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE PD ☐ Delete  
NAME REEL, JEFFREY  
STREET ADDRESS 217 SHELL BLUFF CT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE VPD ☐ Delete  
NAME POWER, JOSEPH  
STREET ADDRESS 109 PALM BAY CT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☒ Delete  
NAME DICARLO, GUY  
STREET ADDRESS 104 BUCK ISLAND COURT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE TD ☐ Delete  
NAME GIEHRL, JOHN  
STREET ADDRESS 136 BEAR PEN RD  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE D ☐ Delete  
NAME CURRY, CAROL  
STREET ADDRESS 101 PALM BAY CT  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE 5 ☐ Change ☒ Addition  
NAME JOE O'CONNOR  
STREET ADDRESS 100 CYPRESS POND CT.  
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE P ☐ Change ☒ Addition  
NAME DEBRA AMMIANO  
STREET ADDRESS 224 SHELL BLUFF CT.  
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE D ☐ Change ☒ Addition  
NAME CINDY TITZLER  
STREET ADDRESS 112 SHELL BLUFF CT.  
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE D ☐ Change ☒ Addition  
NAME STEVE THOMAS  
STREET ADDRESS 109 CYPRESS POND CT.  
CITY-ST-ZIP PONTE VEDRA, FL 32082

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Jeff Reel* JEFF REEL

4/15/07 904-270-7616