

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 18 1996 8:00 am
Secretary of State

DOCUMENT # **N93000003301 (9)**

1. Corporation Name

PALOMINO ESTATES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O DALE ZUFELT
1345 PALOMINO WAY
OVIEDO FL 32765

C/O DALE ZUFELT
1345 PALOMINO WAY
OVIEDO FL 32765

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3193329

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZUFELT, DALE
1345 PALOMINO WAY
OVIEDO FL 32765

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ZUFELT, DALE L.
STREET ADDRESS 1345 PALOMINO WAY
CITY - ST - ZIP OVIEDO FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME WOOD, ALEX
1.3 STREET ADDRESS 1431 Palomino Way
1.4 CITY - ST - ZIP Oviedo, FL 32765

TITLE VD ☒ DELETE
NAME WOOD, ALEX
STREET ADDRESS 1431 PALOMINO WAY
CITY - ST - ZIP OVIEDO FL

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME ZUFELT, DALE L.
2.3 STREET ADDRESS 1345 Palomino Way
2.4 CITY - ST - ZIP Oviedo, FL 32765

TITLE SD ☐ DELETE
NAME KECK, LISBETH
STREET ADDRESS 1364 PALOMINO WAY
CITY - ST - ZIP OVIEDO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD ☐ DELETE
NAME LLEWELLYN, DIANE
STREET ADDRESS 1463 PALOMINO WAY
CITY - ST - ZIP OVIEDO FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME DUDA, SANDRA
STREET ADDRESS 1447 PALOMINO WAY
CITY - ST - ZIP OVIEDO FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME LEGAULT, ROBERT
STREET ADDRESS 1465 BRONCO TRAIL
CITY - ST - ZIP OVIEDO FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Llewellyn **Diane Llewellyn, Treas** 4/15/96 (407) 365-3742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)