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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 32765-9304**

3. Date Incorporated or Qualified
07/19/1993

3a. Date of Last Report
04/18/1996

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

24

25

29

30

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	<input type="checkbox"/> DELETE
NAME	WOOD, ALEX	
STREET ADDRESS	1431 PALOMINO WAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ZUFELT, DALE L.	
STREET ADDRESS	1345 PALOMINO WAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KECK, LISBETH	
STREET ADDRESS	1364 PALOMINO WAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LLEWELLYN, DIANE	
STREET ADDRESS	1463 PALOMINO WAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUDA, SANDRA	
STREET ADDRESS	1447 PALOMINO WAY	
CITY-ST-ZIP	OVIEDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEGAULT, ROBERT	
STREET ADDRESS	1465 BRONCO TRAIL	
CITY-ST-ZIP	OVIEDO FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra B. Mortham* **Sandra B. Mortham** **Laura Diane Llewellyn** 3/10/97 (407) 365-3742
Treas.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # ON: 487

CR2E037 (9/96)