


FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000003301 (9)</b> 1. Corporation Name <b>PALOMINO ESTATES HOMEOWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O DALE ZUFELT 1345 PALOMINO WAY OVIEDO FL 32765</b>			Mailing Address <b>C/O DALE ZUFELT 1345 PALOMINO WAY OVIEDO FL 32765</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/19/1993</b> 4. FEI Number <b>59-3193329</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>ZUFELT, DALE 1345 PALOMINO WAY OVIEDO FL 32765</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOD, ALEX		1.2 NAME		
STREET ADDRESS	1431 PALOMINO WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZUFELT, DALE L.		2.2 NAME		
STREET ADDRESS	1345 PALOMINO WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		2.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KECK, LISBETH		3.2 NAME		
STREET ADDRESS	1384 PALOMINO WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LLEWELLYN, DIANE		4.2 NAME		
STREET ADDRESS	1483 PALOMINO WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DUDA, SANDRA		5.2 NAME		
STREET ADDRESS	1447 PALOMINO WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEGAULT, ROBERT		6.2 NAME		
STREET ADDRESS	1465 BRONCO TRAIL		6.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		6.4 CITY-ST-ZIP		

14. I 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: Laura Diane Llewellyn 3/9/98 (407) 365-3742

CR2E037 (10/97)