

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90148 010 ****61.25

DOCUMENT # N 93000003301 (9)

1. Corporation Name

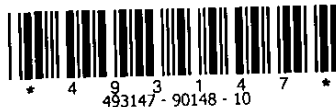
PALOMINO ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

SEE BELOW - CHANGE FROM PREVIOUSLY REPORTED
IN 1998

(WE DID NOT RECEIVE A PREPRINTED FORM FOR 1999)



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 c/o Alex Wood

26 c/o Alex Wood

7/19/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 1431 Palomino Way

27 1431 Palomino Way

59-3193329

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Oviedo, FL

28 Oviedo, FL

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 32765

25 Seminole

29 32765

30 Seminole

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

Alex Wood

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

1431 Palomino Way

83

84 City

Oviedo

FL

85 Zip Code

32765

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, of 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

Alex Wood, Pres.

4/19/99

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	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Alex Wood
STREET ADDRESS		1.3 STREET ADDRESS	1431 Palomino Way
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Carol Wood / Anderson
STREET ADDRESS		2.3 STREET ADDRESS	1431 Palomino Way
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Lisbeth Keck
STREET ADDRESS		3.3 STREET ADDRESS	1364 Palomino Way
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Diane Llewellyn
STREET ADDRESS		4.3 STREET ADDRESS	1463 Palomino Way
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Sandra Duda
STREET ADDRESS		5.3 STREET ADDRESS	1447 Palomino Way
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Robert LeGault
STREET ADDRESS		6.3 STREET ADDRESS	1465 Bronco Trail
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Oviedo, FL 32765

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, with all other like empowered.

SIGNATURE: *Laura Diane Llewellyn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Laura Diane Llewellyn (407) 365-3742
Treas. Date 4/19/99 Daytime Phone #

CR2E037 (1/98)