

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N 93000003301 (9)

1. Entity Name
PALOMINO ESTATES HOMEOWNER'S ASSOCIATION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90020 039 ****61.25

Principal Place of Business (CURRENT) Mailing Address
c/o Alex Wood c/o Alex Wood
1431 Palomino Way 1431 Palomino Way
Oviedo, FL 32765 Oviedo, FL 32765

00085412

2. Principal Place of Business 3. Mailing Address
c/o Alex Wood c/o Diane Llewellyn
Suite, Apt. #, etc. Suite, Apt. #, etc.
1431 Palomino Way 1463 Palomino Way

DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Oviedo, FL Oviedo, FL 59-3193329 Not Applicable
Zip Country Zip Country 5. Certificate of Status Desired ☐ \$8.75 Additional
32765 Seminole 32765 Seminole Fee Required -

6. Name and Address of Current Registered Agent

Alex Wood
1431 Palomino Way
Oviedo, FL 32765

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Addition
NAME	Alex Wood	
STREET ADDRESS	1431 Palomino Way	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	VD	<input type="checkbox"/> Addition
NAME	Carol Wood/Anderson	
STREET ADDRESS	1431 Palomino Way	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	SD	<input type="checkbox"/> Addition
NAME	Lisbeth Keck	
STREET ADDRESS	1364 Palomino Way	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	TD	<input type="checkbox"/> Addition
NAME	Diane Llewellyn	
STREET ADDRESS	1463 Palomino Way	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D	<input type="checkbox"/> Addition
NAME	Sandra Duda	
STREET ADDRESS	1447 Palomino Way	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	D	<input type="checkbox"/> Addition
NAME	Robert LeGault	
STREET ADDRESS	1465 Bronco Trail	
CITY-ST-ZIP	Oviedo, FL 32765	

(There are no changes but we did not receive a pre-printed form this year nor did we receive a pre-printed form last year. It took 3 calls to receive this blank form with it arriving 4/20/00)

12. 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 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: Laura Diane Llewellyn

Laura Diane Llewellyn (407) 365-3742
Treas. 4/22/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)