

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003301

1. Entity Name

PALOMINO ESTATES HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

C/O ALEX WOOD
1431 PALOMINO WAY
OVIEDO FL 32765

Mailing Address

C/O ALEX WOOD
1463 PALOMINO WAY
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

% DIANE LLEWELLYN, TREAS.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1463 PALOMINO WAY

City & State

OVIEDO FL

Zip

Country

32765

USA

4. FEI Number 59-3193329

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOOD, ALEX
1431 PALOMINO WAY
OVIEDO FL 32765

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	WOOD, CAROL	
STREET ADDRESS	1431 PALOMINO WAY	
CITY-ST-ZIP	OVIEDO FL 32765	
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	

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

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 4/10/02 (407) 365-3742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treas.

Date

Daytime Phone #

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91493 027 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)