

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 08:00 AM
Secretary of State

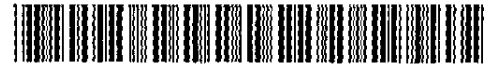
DOCUMENT # N93000003301

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 DIANE LLEWELLYN, TREAS.
1463 PALOMINO WAY
OVIEDO, FL 32765**



01252006 No Chg-NP CR2E037 (11/05)

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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

**WOOD, ALEX
1431 PALOMINO WAY
OVIEDO, FL 32765**

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is **\$61.25**
Due by **May 1, 2006**

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

03/08/06-80076-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WOOD, ALEX
STREET ADDRESS	1431 PALOMINO WAY
CITY-ST-ZIP	OVIEDO, FL
TITLE	VD
NAME	WOOD, CAROL
STREET ADDRESS	1431 PALOMINO WAY
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	SD
NAME	KECK, LISBETH
STREET ADDRESS	1364 PALOMINO WAY
CITY-ST-ZIP	OVIEDO, FL
TITLE	TD
NAME	LLEWELLYN, DIANE
STREET ADDRESS	1463 PALOMINO WAY
CITY-ST-ZIP	OVIEDO, FL
TITLE	D
NAME	DUDA, SANDRA
STREET ADDRESS	1447 PALOMINO WAY
CITY-ST-ZIP	OVIEDO, FL
TITLE	D
NAME	LEGAULT, ROBERT
STREET ADDRESS	1465 BRONCO TRAIL
CITY-ST-ZIP	OVIEDO, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Treas* 2/23/06 (407) 365-3742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAURA DIANE LLEWELLYN