


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N93000003301 1. Entity Name PALOMINO ESTATES HOMEOWNER'S ASSOCIATION, INC.	
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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
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01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3193329	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOOD, ALEX 1431 PALOMINO WAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WOOD, CAROL 1431 PALOMINO WAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KECK, LISBETH 1364 PALOMINO WAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LLEWELLYN, DIANE 1463 PALOMINO WAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUDA, SANDRA 1447 PALOMINO WAY OVIEDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEGAULT, ROBERT 1465 BRONCO TRAIL OVIEDO, FL

000000703087
04/20/07-80128-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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.* **4/10/07** **407-365-3742**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAURA DIANE LLEWELLYN