

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000603301

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**



01102008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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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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 \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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**

U00000920361
05/14/08-80041-008 61.25

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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/22/08

Daytime Phone #

(407) 365-3742

LAURA DIANE LLEWELLYN