2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N93000003301

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

Current Principal Place of Business:

C/O ALEX WOOD
1431 PALOMINO WAY
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

C/O DIANE LLEWELLYN, TREAS.
1463 PALOMINO WAY
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3193329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, ALEX
1431 PALOMINO WAY
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WOOD, ALEX
Address: 1431 PALOMINO WAY
City-St-Zip: OVIEDO, FL

Title: VD ( ) Delete
Name: WOOD, CAROL
Address: 1431 PALOMINO WAY
City-St-Zip: OVIEDO, FL 32765

Title: SD ( ) Delete
Name: KECK, LISBETH
Address: 1364 PALOMINO WAY
City-St-Zip: OVIEDO, FL

Title: TD ( ) Delete
Name: LLEWELLYN, DIANE
Address: 1463 PALOMINO WAY
City-St-Zip: OVIEDO, FL

Title: D ( ) Delete
Name: DUDA, SANDRA
Address: 1447 PALOMINO WAY
City-St-Zip: OVIEDO, FL

Title: D ( ) Delete
Name: LEGAULT, ROBERT
Address: 1465 BRONCO TRAIL
City-St-Zip: OVIEDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURA DIANE LLEWELLYN TREA 04/10/2009

Electronic Signature of Signing Officer or Director — Date