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

## **FILED** May 08, 2007 8:00 am Secretary of State 05-03-2007 90038 016 \*\*\*\*61.25

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DOCUMENT # N9400005858  1. Entity Name PALO VERDE HOMEOWNERS ASSOCIATION, INC.				
Principal Place of Business 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104	Mailing Address 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104			
2. Principal Place of Business - No P.O. Box #	3. Mailing Address			
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PALO VEI	RDE HOMEOWNERS ASS	OCIATION, INC.		<u> </u>	(4) (4)				
2685 HORSESHOE DR. S. #215		Mailing Address 2685 HORSESHOE DR. S. #215 NAPLES, FL 34104	2685 HORSESHOE DR. S. #215		66013634				
2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03162007 Chg-NP	CR2E037 (12/06)				
City & State		City & State		4. FEI Number 65-0484221	1 <del></del> -	pplied For			
Zip	Country	Zip	Country	5. Certificate of Status Desi	\$8.75 4	Iditional			
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	iew Registered Agent				
LIAPNI AND	THOMN		Name						
HAEN, AN 483 PALO NAPLES, F	VERDE DR		Street Address (		(P.O. Box Number is Not Acceptable)				
1011 220,1	2 04710								
			City		FL Zip Co	de			
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: F	Registered Agent signature require	ed when reinstating)	DATE				
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	·	\$5.00 May Be Added to Fees	Make check payable Florida Department of S				
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OF		\ <u></u>			
NAME STREET ADDRESS CITY-ST-ZIP	DVP SANTOWSKI, JERRY 447 PALO VERDE DR NAPLES, FL 34119	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	od, Philip 2 falo verde	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAEN, ANTHONY JR 483 PALO VERDE DR NAPLES, FL 34119	☐ Defete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	inson, Douglas y Palo Virol	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LEE, JERRY 471 PALO VERDE DR NAPLES, FL 34119	Delete	TITLE NAME STREET ADDRESS	apres per sem	☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WEISS, GAIL 3645 KANAWHA ST. NW WASHINGTON, DC 20015	☐ Delete	TITLE DV NAME WIST STREET ADDRESS 43 CITY-ST-ZIP 1	eiss, Gail I palo Verole I I ples, FL. 341	Change OC.	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MUSHUNSKI, STEFANIA 500 PALO VERDE DR. NAPLES, FL 34119	Qalete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>r . 100   1   1   1   1   1   1   1   1   1</del>	☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-SI-ZIP	certify that the information supplied with	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  the exemptions containe	rd in Chapter 119. Florida Statu	☐ Change	Addition Addition			

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.