

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 026 ****61.25

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1. Entity Name
PAMALA OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**130 PAMALA CT.
SANFORD, FL 32771 US**

Mailing Address

**130 PAMALA CT.
SANFORD, FL 32771 US**

40122316



06062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-3288769

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~MILLER, BARRY L~~
~~230 E. MARKS STREET~~
~~ORLANDO, FL 32802~~

A. R. WIRTH
118 PAMALA CT
SANFORD FL 32771

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 **A. R. WIRTH**
Signature, typed or printed name of registered agent and title if applicable

[Signature]
(NOTE: Registered Agent signature required when reinstating)

6/14/2007
DATE

Filing Fee is \$61.25
Due by September 14, 2007

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	VP WILLCOX, JASON 105 PAMALA CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, JAIME 1077 PAMALA CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAZO, SHARON SNEILA RIVERA 117 PAMALA CT 122 PAMALA CT SANFORD, FL 32771 SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, HARLEY 1716 SUNWOOD DR LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIRTH, RICHARD 118 PAMALA CT SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **6/14/2007**

Date

Daytime Phone #

407-688-2731