


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90037 006 ****61.25

DOCUMENT # N96000000128 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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01162008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 59-3288769	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WORTH, A.R. 118 PAMALA CT SANFORD, FL 32771				7. Name and Address of New Registered Agent Name A. R. WIRTH Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLCOX, JASON 105 PAMALA CT SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LESLIE KUPRES 123 PAMALA CT SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIVERA, JAIME 107 PAMALA CT SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JAIME RIVERA 107 PAMALA CT SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RIVERA, SHEILA 122 PAMALA CT SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHREIBER, HARLEY 1716 SUNWOOD DR LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREW PURNELL 126 PAMALA CT SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WIRTH, RICHARD 118 PAMALA CT SANFORD, FL 32771	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMMY SAUNDERS 104 PAMALA CT SANFORD FL 32771
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				1/18/2008 407-688-2731 Date Daytime Phone #	