

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000128

FILED
Feb 12, 2009
Secretary of State

Entity Name: PAMALA OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

130 PAMALA CT.
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

130 PAMALA CT.
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-3288769

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WIRTH, A.R.
118 PAMALA CT
SANFORD, FL 32771 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: VP () Delete
Name: KUPRES, LESLIE
Address: 123 PAMALA CT
City-St-Zip: SANFORD, FL 32771

Title: T () Delete
Name: RIVERA, JAIME
Address: 107 PAMALA CT
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: PURNELL, ANDREW
Address: 126 PAMALA CT
City-St-Zip: SANFORD, FL 32771

Title: P () Delete
Name: WIRTH, RICHARD
Address: 118 PAMALA CT
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: SAUNDERS, TOMMY
Address: 109 PAMALA CT
City-St-Zip: SANFORD, FL 32771

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: D (X) Change () Addition
Name: PARO, SHARON
Address: 117 PAMALA CT
City-St-Zip: SANFORD, FL 32771

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: A. R. WIRTH

P

02/12/2009

Electronic Signature of Signing Officer or Director

Date