


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # N96000005013</b>  |  |
| 1. Entity Name<br><b>PAMALA OAKS PHASE II HOMEOWNERS' ASSOCIATION, INC.</b> |   |

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| Principal Place of Business<br><b>126 HOLLOWAY CT<br/>SANFORD, FL 32771 US</b> | Mailing Address<br><b>126 HOLLOWAY CT<br/>SANFORD, FL 32771 US</b> |
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04022005 No Chg-NP CR2E037 (10/03)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>57-1059722</b> | Applied For<br><input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
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|---|
| 6. Name and Address of Current Registered Agent<br><br><b>NGUYEN, TRINH<br/>115 HOLLOWAY CT<br/>SANFORD, FL 32771</b> |
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| 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 <u><i>Trinh Nguyen</i></u><br><small>Signature, typed or printed name of registered agent and title if applicable</small>   | DATE <u>4/2/05</u><br><small>(NOTE: Registered Agent signature required when reinstating)</small> |

|   |  |
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| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>MARTIN, SUSAN<br/>123 HOLLOWAY CT<br/>SANFORD, FL 32771</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TS<br/>NGUYAN, TRINH<br/>115 HOLLOWAY CT<br/>SANFORD, FL 32771</b>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>GORDON, EUSTIS<br/>120 HOLLOWAY CT<br/>SANFORD, FL 32771</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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04/07/05-80070-017 61.25

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u><i>Trinh Nguyen</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  | DATE <u>4/2/05</u> DAYTIME PHONE # <u>407-323-2511</u> |