

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35381

**Entity Name:** PALAMAR OAKS VILLAGE III HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 26, 2016**  
**Secretary of State**  
**CC6706798785**

**Current Principal Place of Business:**

1269 HANCOCK CIR  
ST. CLOUD, FL 34769

**Current Mailing Address:**

PO BOX 700762  
ST. CLOUD, FL 34770 US

**FEI Number: 26-0161320**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SPARKS, GARY  
1269 HANCOCK CIR  
ST. CLOUD, FL 34769 US

*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

**Officer/Director Detail :**

Title PD  
Name SPARKS, GARY  
Address 1269 HANCOCK CIR  
City-State-Zip: SAINT CLOUD FL 34769

Title T  
Name FISHER, THEODORE R  
Address 1241 HANCOCK CIR  
City-State-Zip: SAINT CLOUD FL 34769

Title VP  
Name BELTZ, KENNY  
Address 1234 HANCOCK CIR  
City-State-Zip: SAINT CLOUD FL 34769

Title D  
Name BOSSELL, DON  
Address 1221 HANCOCK CIRCLE  
City-State-Zip: SAINT CLOUD FL 34769

*I hereby 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 all other like empowered.*

**SIGNATURE: THEODORE R FISHER**

**TREASURER**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date