

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 03, 2001 8:00 am**  
**Secretary of State**

02-03-2001 90045 012 \*\*\*\*62.50

**DOCUMENT # N95000002983**

1. Entity Name

**VALEA GARDENS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 5149  
 NAVARRE FL 32566

P.O. BOX 5149  
 NAVARRE FL 32566

**00012988**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3368350**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN, JOHN**  
**1780 IVALEA CIRCLE**  
**NAVARRE FL 32566**

Name **John Franklin**

Street Address (P.O. Box Number is Not Acceptable)

**1780 Ivala Circle**

City **Navarre**

**FL**

Zip Code **32566**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **D WADE, ISAAC**  
 STREET ADDRESS **1759 IVALEA CIRCLE**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Change  Addition  
 NAME **Sharon Hoagland**  
 STREET ADDRESS **1712 Ivala Circle**  
 CITY-ST-ZIP **Navarre, FL 32566**

TITLE  Delete  
 NAME **VD EASTWOOD, JUDY**  
 STREET ADDRESS **1705 IVALEA CIRCLE**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Change  Addition  
 NAME **Eastwood, Judy**  
 STREET ADDRESS **1705 Ivala Circle**  
 CITY-ST-ZIP **Navarre, FL 32566**

TITLE  Delete  
 NAME **PRS TIMMERMAN, BROOKS**  
 STREET ADDRESS **1722 IVALEA CIRCLE**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Change  Addition  
 NAME **D LAMONT Jubeck**  
 STREET ADDRESS **1710 Ivala Circle**  
 CITY-ST-ZIP **Navarre, FL 32566**

TITLE  Delete  
 NAME **TD WENTWORTH, MITZIE**  
 STREET ADDRESS **1739 IVALEA CIRCLE**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Change  Addition

TITLE  Delete  
 NAME **CSD SHEVAT, JERI**  
 STREET ADDRESS **1774 IVALEA CIRCLE**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Change  Addition

TITLE  Delete  
 NAME **D FRANKLIN, JOHN**  
 STREET ADDRESS **1774 IVALEA CIRCLE**  
 CITY-ST-ZIP **NAVARRE FL 32566**

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of Mitzie Wentworth*, Treasurer

Date: **1/26/01** (850) 936-9336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)