

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90131 038 ****61.25

DOCUMENT # N95000002983

1. Entity Name

VALEA GARDENS HOMEOWNER'S ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 5149 NAVARRE FL 32566		P.O. BOX 5149 NAVARRE FL 32566	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For	
59-3368350		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	

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 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.

SIGNATURE John J. Franklin
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WADE, ISAAC 1759 IVALEA CIRCLE NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Cuthen, VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1720 Ivala Circle Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EASTWOOD, JUDY 1705 IVALEA CIRCLE NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lee KOTY SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1785 Ivala Circle Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRS TIMMERMAN, BROOKS 1722 IVALEA CIRCLE NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Gromacki Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1784 Ivala Circle Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WENTWORTH, MITZIE 1739 IVALEA CIRCLE NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lamont Jubeck Dir. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1710 Iurka Circle Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CSD SHEVAT, JERI 1774 IVALEA CIRCLE NAVARRE FL 32566 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sharon Hoagland <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1712 Ivala Circle Navarre, FL 32566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANKLIN, JOHN 1774 IVALEA CIRCLE NAVARRE FL 32566 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Mitzi Wentworth, Treasurer 3/1/02 (850) 936-9336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)