

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24078 (0)
1. Corporation Name
VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED



Principal Place of Business Mailing Address
C/O BERTHA E. SOMMERS
37400 ATTICA AVENUE
ZEPHYRHILLS FL 33541
C/O BERTHA E. SOMMERS
37400 ATTICA AVENUE
ZEPHYRHILLS FL 33541

3. Date Incorporated or Qualified **12/23/1987** 3a. Date of Last Report **02/13/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SOMMERS, BERTHA E. 37400 ATTICA AVE ZEPHYRHILLS FL 33541				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	DITTENBER, ARNOLD	1.2 NAME	JEANETTE RANDOLPH
STREET ADDRESS	7110 JASON DR.	1.3 STREET ADDRESS	37513 ATTICA AVE
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D	2.1 TITLE	D
NAME	GREEN, JAMES	2.2 NAME	Peter KARMAZIN
STREET ADDRESS	37534 ATTICA AVE	2.3 STREET ADDRESS	6967 FT. KING RD
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	ZEPHYRHILLS FL 33541
TITLE	D	3.1 TITLE	
NAME	FARRINGTON, ROBERT	3.2 NAME	
STREET ADDRESS	37401 ATTICA AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	MCDONALD, VERNE	4.2 NAME	
STREET ADDRESS	37452 ATTICA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	CASE, CLARENCE	5.2 NAME	
STREET ADDRESS	37518 ATTICA AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	5.4 CITY-ST-ZIP	
TITLE	VSD	6.1 TITLE	
NAME	SOMMERS, BERTHA	6.2 NAME	
STREET ADDRESS	37400 ATTICA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bertha E Sommers D-Secretary 1-19-96 843-982-6110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)