

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ 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 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **DITTENBER, ARNOLD**
STREET ADDRESS **7110 JASON DR.**
CITY-ST-ZIP **ZEPHYRHILLS FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **JEANETTE RANDOLPH**
1.3 STREET ADDRESS **37513 ATTICA AVE**
1.4 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **GREEN, JAMES**
STREET ADDRESS **37534 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **PETER KARMAZIN**
2.3 STREET ADDRESS **6967 FT. KING RD**
2.4 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE **D** ☐ DELETE
NAME **FARRINGTON, ROBERT**
STREET ADDRESS **37401 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **MCDONALD, VERNE**
STREET ADDRESS **37452 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **CASE, CLARENCE**
STREET ADDRESS **37518 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VSD** ☐ DELETE
NAME **SUMMERS, BERTHA**
STREET ADDRESS **37400 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96
Date

843-782-6110
Daytime Phone #

CR2E037 (12/95)