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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24078 (0)

1. Corporation Name
VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED



Principal Place of Business C/O BERTHA E. SOMMERS 37400 ATTICA AVENUE ZEPHYRHILLS FL 33541	Mailing Address C/O BERTHA E. SOMMERS 37400 ATTICA AVENUE ZEPHYRHILLS FL 33541-1801
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3. Date Incorporated or Qualified 12/23/1987	3a. Date of Last Report 01/25/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip	23. Country	24. Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

**SOMMERS, BERTHA E.
37400 ATTICA AVE
ZEPHYRHILLS FL 33541**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JEANETTE RANDOLPH
STREET ADDRESS	37513 ATTICA AVE.
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PETER KARMAZIN
STREET ADDRESS	6967 FT. KING RD.
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FARRINGTON, ROBERT
STREET ADDRESS	37401 ATTICA AVE
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCDONALD, VERNE
STREET ADDRESS	37452 ATTICA AVE
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CASE, CLARENCE
STREET ADDRESS	37518 ATTICA AVE
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	VSD <input type="checkbox"/> DELETE
NAME	SUMMERS, BERTHA
STREET ADDRESS	37400 ATTICA AVE
CITY-ST-ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES GREEN
1.3 STREET ADDRESS	37534 ATTICA AVE
1.4 CITY-ST-ZIP	ZEPHYRHILLS FL
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JACQUELIN SMITH
2.3 STREET ADDRESS	37544 ATTICA AVE
2.4 CITY-ST-ZIP	ZEPHYRHILLS FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DST BERTHA SOMMERS
6.3 STREET ADDRESS	37400 ATTICA AVE
6.4 CITY-ST-ZIP	ZEPHYRHILLS FL

14. I do 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 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: _____ DATE: **1-15-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)