

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		3. Date Incorporated or Qualified 12/23/1987
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
23 Zip	28 Zip	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code 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 _____ (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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREEN, JAMES	1.2 NAME	Kenneth Weiler
STREET ADDRESS	37534 ATTICA AVE	1.3 STREET ADDRESS	6929 Lum Dr
CITY-ST-ZIP	ZEPHYRHILLS FL	1.4 CITY-ST-ZIP	Zephyrhills FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER KARMAZIN	2.2 NAME	Jeanette Randolph
STREET ADDRESS	6967 FT. KING RD.	2.3 STREET ADDRESS	37411 Attiva Ave
CITY-ST-ZIP	ZEPHYRHILLS FL	2.4 CITY-ST-ZIP	Zephyrhills FL 33541
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRINGTON, ROBERT	3.2 NAME	Phyllis Stroup
STREET ADDRESS	37401 ATTICA AVE	3.3 STREET ADDRESS	37519 Attica Ave
CITY-ST-ZIP	ZEPHYRHILLS FL	3.4 CITY-ST-ZIP	Zephyrhills FL 33541
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCDONALD, VERNE	4.2 NAME	Jacquelyn Smith
STREET ADDRESS	37452 ATTICA AVE	4.3 STREET ADDRESS	37544 Attic Ave
CITY-ST-ZIP	ZEPHYRHILLS FL	4.4 CITY-ST-ZIP	Zephyrhills FL 33541
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	DST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: *Bertha E. Sommers*

CR2E037 (1097)