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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24078

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
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2. Principal Place of Business 21 Kenneth Weiler	2a. Mailing Address 26 Kenneth Weiler	3. Date Incorporated or Qualified 12/23/1987
Suite, Apt. #, etc. 22 6929 Lum Dr.	Suite, Apt. #, etc. 27 6929 Lum Dr.	4. FEI Number NOT APPLICABLE
City & State 23 Zephyrhills Fla.	City & State 28 Zephyrhills Fla.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33541	Country 25 Pasco	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29 33541	Country 30 Pasco	

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 Kenneth Weiler 82 Street Address (P.O. Box Number is Not Acceptable) 6929 Lum Dr. 83 Zephyrhills 84 City Fla. 85 Zip Code FL 33541
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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 **Kenneth Weiler DST**

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 type="checkbox"/> DELETE	1.1 TITLE DP Raymond Fabrizio	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WEILER, KENNETH		1.2 NAME	
STREET ADDRESS 6929 LUM DR		1.3 STREET ADDRESS 37405 Attica Ave.	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		1.4 CITY-ST-ZIP Zephyrhills Fl. 33541	
TITLE DVP	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RANDOLPH, JEANETTE		2.2 NAME Darwin Dunn	
STREET ADDRESS 37411 ATTIVA AVE		2.3 STREET ADDRESS 37416 Attica Ave	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		2.4 CITY-ST-ZIP Zephyrhills Fl. 33541	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Phyllis Stroup	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STROUP, PHYLLIS		3.2 NAME	
STREET ADDRESS 37519 ATTICA AVE		3.3 STREET ADDRESS 37519 Attica Ave.	
CITY-ST-ZIP ZEPHYRHILLS FL 33541		3.4 CITY-ST-ZIP Zephyrhills, Fl. 33541	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCDONALD, VERNE		4.2 NAME Kay Ash	
STREET ADDRESS 37452 ATTICA AVE		4.3 STREET ADDRESS 6955 Ft. King Hwy.	
CITY-ST-ZIP ZEPHYRHILLS FL		4.4 CITY-ST-ZIP Zephyrhills Fl. 33541	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASE, CLARENCE		5.2 NAME Kenneth Weiler	
STREET ADDRESS 37518 ATTICA AVE		5.3 STREET ADDRESS 6929 Lum Dr.	
CITY-ST-ZIP ZEPHYRHILLS FL		5.4 CITY-ST-ZIP Zephyrhills Fl. 33541	
TITLE DST	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOMMERS, BERTHA		6.2 NAME Bertha Sommers	
STREET ADDRESS 37400 ATTICA AVE		6.3 STREET ADDRESS 37499 Attica Ave	
CITY-ST-ZIP ZEPHYRHILLS FL		6.4 CITY-ST-ZIP Zephyrhills Fl. 33541	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Kenneth Weiler (813) 768-3543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Weiler DST

Daytime Phone #

CR2E037 (11/98)