

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90057 026 ****61.25

DOCUMENT-# N24078

1. Entity Name

**VALLEY DALE ACRES CIVIC ASSOCIATION
INCORPORATED**



Principal Place of Business

**37452 ATTICA AVENUE
ZEPHYRHILLS FL 33541
PA**

Mailing Address

**37452 ATTICA AVENUE
ZEPHYRHILLS FL 33541
PA**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MACDONALD, JEAN A
37452 ATTICA AVENUE
ZEPHYRHILLS FL 33541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
DUNN, DARWIN
STREET ADDRESS **37416 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☒ Addition
NAME **PRESIDENT**
BERtha Sommers
STREET ADDRESS **37400 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33542**

TITLE ☒ Delete
NAME **D**
ASH, KAY
STREET ADDRESS **6955 FORT KING HWY**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☒ Addition
NAME **VICE PRESIDENT**
CLIFTON AKIN
STREET ADDRESS **37447 ATTICA AVE.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE ☐ Delete
NAME **D**
STROUP, PHYLLIS
STREET ADDRESS **37519 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
LOUISE FARMER
STREET ADDRESS **37437 ATTICA AVE.**
CITY-ST-ZIP **ZEPHYRHILLS, FL 33542**

TITLE ☒ Delete
NAME **DP**
MUZZIN, RAYMOND
STREET ADDRESS **37529 ATTICA AVENUE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
HERMAN SANDERS
STREET ADDRESS **6981 FORT KING RD.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE ☒ Delete
NAME **D**
HOWARD, PAUL
STREET ADDRESS **37528 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☒ Addition
NAME **STD**
Jean McDonald
STREET ADDRESS **37452 ATTICA AVE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33542**

TITLE ☒ Delete
NAME **DVP**
RANDOLPH, JEANNETTE
STREET ADDRESS **37430 ATTICA AVENUE**
CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jean A. McDonald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/04

Date

813-782-3212

Daytime Phone #