


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**


04-11-2005 90149 012 \*\*\*\*61.25

<b>DOCUMENT # N24078</b> 1. Entity Name <b>VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED</b>	
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Principal Place of Business <b>37452 ATTICA AVENUE ZEPHYRHILLS FL 33541 PA</b>	Mailing Address <b>37452 ATTICA AVENUE ZEPHYRHILLS FL 33541 PA</b>
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2. Principal Place of Business <b>37417 Attica Ave.</b> Suite, Apt. #, etc.	3. Mailing Address <b>37417 Attica Ave.</b> Suite, Apt. #, etc.
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City & State <b>Zephyrhills, Florida</b> Zip <b>33542</b>	Country <b>Pasco</b>	City & State <b>Zephyrhills, Florida</b> Zip <b>33542</b>	Country <b>Pasco</b>
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 1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent <b>MACDONALD, JEAN A 37452 ATTICA AVENUE ZEPHYRHILLS FL 33541</b>		7. Name and Address of New Registered Agent Name <b>Sheila Clark</b> Street Address (P.O. Box Number is Not Acceptable) <b>37417 Attica Ave.</b> City <b>Zephyrhills</b> FL Zip Code <b>33542</b>	
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4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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 Sheila Clark Sheila Clark 4/4/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUNN, DARWIN</b> <b>37415 ATTICA AVE.</b> <b>ZEPHYRHILLS FL 33541</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Raymond Fabrizio</b> <b>37405 Attica Ave.</b> <b>Zephyrhills, Florida 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>AKIN, CLIFTON</b> <b>37447 ATTICA AVE.</b> <b>ZEPHYRHILLS FL 33542</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STROUP, PHYLLIS</b> <b>37519 ATTICA AVE</b> <b>ZEPHYRHILLS FL 33541</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Dixie Weiler</b> <del><b>6929 Eum Drive</b></del> <b>Zephyrhills, Florida 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SANDERS, HERMAN</b> <b>6981 FORT KING RD.</b> <b>ZEPHYRHILLS FL 33542</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>MCDONALD, JEAN</b> <b>3745A ATTICA AVE</b> <b>ZEPHYRHILLS FL 33542</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Sheila Clark</b> <b>37417 Attica Ave.</b> <b>Zephyrhills, Florida 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SOMMERS, BERTHA</b> <b>37400 ATTICA AVE</b> <b>ZEPHYRHILLS FL 33542</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Raymond Marshall</b> <b>37544 Attica Ave.</b> <b>Zephyrhills, Florida 33542</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sheila Clark 4/4/05 813-783-6771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40052489  
# N24078

10.

Director

Bertha Sommers

37400 Attica Ave.

Zephyrhills, Florida 33542