


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 046 ****61.25

DOCUMENT # N24078			
1. Entity Name VALLEY DALE ACRES CIVIC ASSOCIATION INCORPORATED			
Principal Place of Business 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542 US		Mailing Address 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01252006 Chg-NP CR2E037 (11/05)

4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, SHEILA 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABRIZIO, RAYMOND 37405 ATTICA AVENUE ZEPHYRHILLS, FL 33542 <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	VP AKIN, CLIFTON 37447 ATTICA AVE. ZEPHYRHILLS, FL 33542 <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	D WEILER, DIXIE 6929 LUM DRIVE ZEPHYRHILLS, FL 33542 <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	D SANDERS, HERMAN 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542 <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	STD CLARK, GHEILA 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Clark, Sheila 37417 Attica Avenue Zephyrhills, FL 33542 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARSHALL, MARSHALL 37544 ATTICA AVENUE ZEPHYRHILLS, FL 33542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marshall, Raymond 37544 Attica Avenue Zephyrhills, FL 33542 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Sheila Clark 1/25/06 813-783-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10. D
Sommers, Bertha
37400 Attica Avenue
Zephyrhills, Fl. 33542

Delete 11.

D change addition
Howard, Paul
37528 Attica Avenue
Zephyrhills, Fl. 33542

ATTACHMENT

60009379
#N24078

Names spelled
incorrectly in
10

