


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90020 003 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01282007 Chg-NP CR2E037 (12/06)	
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
CLARK, SHEILA 37417 ATTICA AVENUE ZEPHYRHILLS, FL 33542				7. Name and Address of New Registered Agent	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FABRIZIO, RAYMOND		NAME	Cochrane Ernest	
STREET ADDRESS	37405 ATTICA AVENUE		STREET ADDRESS	37430 Attica Avenue	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	Zephyrhills, FL 33542	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AKIN, CLIFTON		NAME	Howard, Paul	
STREET ADDRESS	37447 ATTICA AVE.		STREET ADDRESS	37528 Attica Avenue	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	Zephyrhills, FL. 33542	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEILER, DIXIE		NAME		
STREET ADDRESS	6929 LUM DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, HERMAN		NAME	Sanders, Herman	
STREET ADDRESS	37417 ATTICA AVENUE		STREET ADDRESS	6981 Fort King Rd.	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	Zephyrhills, FL 33542	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, GHEILA		NAME	Clark, Sheila	
STREET ADDRESS	37417 ATTICA AVENUE		STREET ADDRESS	37417 Attica Avenue	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	Zephyrhills, FL 33542	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, MARSHALL		NAME	Marshall, Raymond	
STREET ADDRESS	37544 ATTICA AVENUE		STREET ADDRESS	37544 Attica Avenue	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542		CITY-ST-ZIP	Zephyrhills, FL 33542	
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: <u>Sheila Clark</u>		Date: <u>3/8/07</u>		Daytime Phone #: <u>813-783-6771</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	