

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90854 008 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 Jean A. McDonald Jean A. McDonald 1/10/03
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

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 NAME	D DUNN, DARWIN	<input type="checkbox"/> Delete
STREET ADDRESS	37416 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE NAME	D ASH, KAY	<input type="checkbox"/> Delete
STREET ADDRESS	6955 FORT KING HWY	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE NAME	D STROUP, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS	37519 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE NAME	DP MUZZIN, RAYMOND	<input type="checkbox"/> Delete
STREET ADDRESS	37529 ATTICA AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE NAME	D HOWARD, PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	37528 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE NAME	DVP RANDOLPH, JEANNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	37430 ATTICA AVENUE	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	

TITLE NAME	PORTER STANFORD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	37539 ATTICA AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	
TITLE NAME	Jean A. McDonald	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	37452 ATTICA AVE	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33542	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Jean A. McDonald 1/10/03 813-792-3212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CR2E037 (10/02)