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.MONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

SECRETARY OF STATE

FILED

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Valastic Gr	Immastics Assa	ociation, 1	nc.						
Principal Place of Business	Mailin	g Address	- 04.1						
599 John Sin		19 Jann S		γ <u>3. D</u>	ate Incorporated or Qualified	d		-	
Niceville, FL	Ni	ceville, FL	32578		11/25/69	***	.,		
32578					El Number 3 <u>7262583</u>	,		Applicable	
2. Principal Place of Busine	ss 2a. Ma	ailing Address			ertificate of Status Desired		\$8.75 A		
21 599 John	Sims PKWY 26 5		Sims PK	w_{y}			Fee Rec		
Suite, Apt. #, etc.	27	ite, Apt. #, etc.			lection Campaign Financing rust Fund Contribution		\$5.00 M Added to		
City & State	Ci	y & State	~/ 	7. Is	this nonprofit corporation a	homeowners a		?	
Niceville,	Country Zij	lice Ville, 1	Country	8. T	his corporation owes or has			ngible	
24 32578 2	5 ()SA 29 3	2578 30	USA	Р	ersonal Property Tax due Ju	ne 30.	Yes 🔀	No	
9. Name a	and Address of Current Register	ed Agent	81 Name	10. N	lame and Address of New	Registered Ag	jent		
Andres Mali	AMS				S. Marketta				
Audrey Willi	Sims Phwy		82 Street A	Address (P.O	Box Number is Not Accept	able)			
599 John	01112 1112		83						
Niceville, F	L 30018		84 City				85 Zip C	Code	
						FL	honging its	requetered	
office or registered age	ons of Sections 617.0502 and 617. nt, or both, in the State of Florida. n, and accept the obligations of, Se	Such change was author	orized by the corp	corporation oration is	ard of directors. I hereby acc	ept the appoir	ntment as r	egistered	
SIGNATURE	i, and accept the congalions of						·		
Signature, typed o	r printed name of registered agent and title if ap OFFICERS AND DIRECTO	plicable (NOTE: Rec							
12.	OFFICERS AND DIRECTO			required when re	Instaling) ODITIONS/CHANGES TO OF	DATE FICERS AND D	DIRECTOR	S IN 12	(26)
	nt - r	ORS Mariette	13. 1.1 TITLE	P-12	DDITIONS/CHANGES TO OF	FICERS AND D	OIRECTOR:	S IN 12	(10/97)
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. Janet M Merritt SIGNATURE: