

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


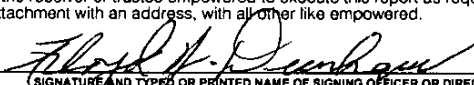
FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90353 029 ****61.25

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04102006 Chg-NP CR2E037 (11/05)

DOCUMENT # 739933					
1. Entity Name VALGO ASSOCIATION, INC.					
Principal Place of Business 310 PEARL AVE SARASOTA, FL 34243 US			Mailing Address 310 PEARL AVE SARASOTA, FL 34243 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1813392	
				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		
DELLOOR MANAGEMENT 310 PEARL AVE SARASOTA, FL 34243			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, HART		NAME	FISCHER, DIANE	
STREET ADDRESS	3500 GL CONQUISTADOR PKWY		STREET ADDRESS	3500 EL CONQUISTADOR PKWY # 139	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCBRIDE, DAVID		NAME	MEE, LAURA	
STREET ADDRESS	3500 EL CONQUISTADOR PKWY		STREET ADDRESS	3500 EL CONQUISTADOR PKWY # 138	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIKEL, LARRY		NAME	DUNHAM, FLOYD	
STREET ADDRESS	3500 EL CONQUISTADOR PKWY		STREET ADDRESS	3500 EL CONQUISTADOR PKWY # 155	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NUGENT, THERESA		NAME	WIKEL, LARRY	
STREET ADDRESS	3808 EL CONQUISTADOR PKWY.		STREET ADDRESS	3500 EL CONQUISTADOR PKWY # 137	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4-10-06 941-358-3346		
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)			Date Daytime Phone #		