

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90192 043 \*\*\*\*61.25

<b>DOCUMENT # 739933</b> 1. Entity Name <b>VALGO ASSOCIATION, INC.</b>					
Principal Place of Business <b>310 PEARL AVE</b> <b>SARASOTA, FL 34243 US</b>			Mailing Address <b>310 PEARL AVE</b> <b>SARASOTA, FL 34243 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>59-1813392</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>DELLOOR MANAGEMENT</b> <b>310 PEARL AVE</b> <b>SARASOTA, FL 34243</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, DIANE 3500 EL CONQUISTADOR PKWY #139 BRADENTON, FL 34210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, DIANE 3500 EL CONQUISTADOR PKWY # 139 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MEE, LAURA 3500 EL CONQUISTADOR PKWY #138 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MEE, LAURA 3500 EL CONQUISTADOR PKWY BRADENTON, FL 34210 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CONRAD, MARGARET 3500 EL CONQUISTADOR PKWY#128 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CARLIN, VINCENT 3500 EL CONQUISTADOR PKWY #136 BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FINLEY, JAMES 3500 EL CONQUISTADOR PKWY #127 BRADENTON, FL 34210 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PLASTER, THOMAS 3500 EL CONQUISTADOR PKWY #152 BRADENTON, FL 34210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOCK, GEORGE 1007 BUELL AVE JOLIET, IL 60435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <i>Diane S. Fisher</i> <i>8/26/08</i> <i>941 358-3366</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					