
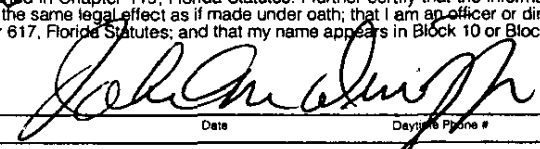


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90051 016 ****61.25

DOCUMENT # 741909 1. Entity Name VALGO ASSOCIATION II, INC.					
Principal Place of Business 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235 US			Mailing Address 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW SUITE 2 SARASOTA, FL 34235				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAXWELL, SAM		NAME		
STREET ADDRESS	3500 EL CONQUISTADOR PKWY., #223		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DINOFFRI, JACK		NAME		
STREET ADDRESS	3500 EL CONQUISTADOR PKWY., #245		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP		
TITLE	STD <input type="checkbox"/> Delete		TITLE	3/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIGENGA, ROGER		NAME	STEIGENGA, ROGER	
STREET ADDRESS	3500 EL CONQUISTADOR PKWY 248		STREET ADDRESS	3500 EL CONQUISTADOR PKWY 248	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	D <input type="checkbox"/> Delete		TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATE, JAMES		NAME	PATE, JAMES	
STREET ADDRESS	3500 EL CONQUISTADOR PKWY, #244		STREET ADDRESS	3500 EL CONQUISTADOR PKWY 244	
CITY-ST-ZIP	BRADENTON, FL 34210		CITY-ST-ZIP	BRADENTON, FL 34210	
TITLE	DV <input type="checkbox"/> Delete		TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MARCINLOSLE, GORDON		NAME	WHITT, COOPER	
STREET ADDRESS	3500 EL CONQUISTADOR PKWY., #221		STREET ADDRESS	3500 EL CONQUISTADOR PKWY 225	
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		
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>4-24-07</u> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					