


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

05-29-2008 90191 042 ****61.25

DOCUMENT # 743442 1. Entity Name VALGO ASSOCIATION III, INC.					
Principal Place of Business C/O DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243			Mailing Address C/O DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1851164				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04152008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DELLCOR MANAGEMENT 310 PEARL AVENUE SARASOTA, FL 34243			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	DP	RANIERI, JOE	3500 EL CONQUISTADOR #345 BRADENTON, FL 34210		
	DT	DUNN, JOHN	321 BARCELONA DR BRADENTON, FL 34210		
	DS	DWYER, CATHERINE	3500 EL CONQUISTADOR #327 BRADENTON, FL 34210		
	D	MANUKAS, NICHOLAS	3500 EL CONQUISTADOR PKWY 364 BRADENTON, FL 34210		
	DVP	HILBUSH, JOSEPH	3500 EL CONQUISTADOR PKWY 364 BRADENTON, FL 34210		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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: _____ 4-29-08 941-358-3366 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					