

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743442

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: VALGO ASSOCIATION III, INC.

## Current Principal Place of Business:

C/O DELLCOR MANAGEMENT  
310 PEARL AVENUE  
SARASOTA, FL 34243

## New Principal Place of Business:

## Current Mailing Address:

C/O DELLCOR MANAGEMENT  
310 PEARL AVENUE  
SARASOTA, FL 34243

## New Mailing Address:

FEI Number: 59-1851164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DELLCOR MANAGEMENT  
310 PEARL AVENUE  
SARASOTA, FL 34243 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: RANIERI, JOE  
Address: 3500 EL CONQUISTADOR #345  
City-St-Zip: BRADENTON, FL 34210

Title: DT ( ) Delete  
Name: DUNN, JOHN  
Address: 321 BARCELONA DR  
City-St-Zip: BRADENTON, FL 34210

Title: DS ( ) Delete  
Name: DWYER, CATHERINE  
Address: 3500 EL CONQUISTADOR #327  
City-St-Zip: BRADENTON, FL 34210

Title: D ( ) Delete  
Name: MANUKAS, NICHOLAS  
Address: 3500 EL CONQUISTADOR PKWY 364  
City-St-Zip: BRADENTON, FL 34210

Title: DVP ( ) Delete  
Name: HILLBUSH, JOSEPH  
Address: 3500 EL CONQUISTADOR PKWY. 330  
City-St-Zip: BRADENTON, FL 34210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN DUNN

DT

04/27/2009

Electronic Signature of Signing Officer or Director

Date