

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745194

FILED
Apr 24, 2007
Secretary of State

Entity Name: VALHALLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

130 WODEN WAY S.E.
WINTER HAVEN, FL 33884

New Principal Place of Business:

130 WODEN WAY
WINTER HAVEN, FL 33884

Current Mailing Address:

130 WODEN WAY S.E.
WINTER HAVEN, FL 33884

New Mailing Address:

130 WODEN WAY
WINTER HAVEN, FL 33884

FEI Number: 59-2135793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENETT, BARRY W
30 2ND ST SE
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

BENETT, BARRY W
106 AVENUE F, SW
WINTER HAVEN, FL 33880 US

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: BARRY W BENNETT

04/24/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MCKOWN, BOBBY
Address: 108 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD () Delete
Name: TRENT, CONNOR
Address: 141 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD () Delete
Name: GOE, KATHY
Address: 124 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD () Delete
Name: GRAY, JOHN H
Address: 126 ODIN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MADAUS, RICHARD
Address: 143 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Change () Addition
Name: SOLDI, MICHAEL J III
Address: 107 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD (X) Change () Addition
Name: CURRY, CYNTHIA
Address: 114 ODIN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: TD (X) Change () Addition
Name: BENNETT, THERESA
Address: 105 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

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: CYNTHIA C CURRY

SD

04/24/2007

Electronic Signature of Signing Officer or Director

Date