


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90020 024 \*\*\*\*61.25

<b>DOCUMENT # 745194</b> 1. Entity Name VALHALLA HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 130 WODEN WAY WINTER HAVEN, FL 33884			Mailing Address 130 WODEN WAY WINTER HAVEN, FL 33884		
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		Country			
6. Name and Address of Current Registered Agent  BENETT, BARRY W 106 AVENUE F, SW WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City  <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 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>	
<b>Make check payable to 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	PD MADAUS, RICHARD 143 WODEN WAY WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bennett, Theresa 105 Woden Way Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOLDO, MICHAEL J III 107 WODEN WAY WINTER HAVEN, FL 33884	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Garrett, Bill 120 Odin Dr. Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, CYNTHIA 114 ODIN DRIVE WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CURRY, Cynthia 114 Odin Drive Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENNETT, THERESA 105 WODEN WAY WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO Madaus, Richard 143 Woden Way Winter Haven, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<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	   
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> <u>Theresa Bennett, President</u> <span style="float: right;">02/03/08 (863) 224-3490</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

Theresa Bennett