

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745194

FILED
Mar 02, 2009
Secretary of State

Entity Name: VALHALLA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

130 WODEN WAY
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

130 WODEN WAY
WINTER HAVEN, FL 33884

New Mailing Address:

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
106 AVENUE F, SW
WINTER HAVEN, FL 33880 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: PD () Delete
Name: BENNETT, THERESA H
Address: 105 WOODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: CURRY, CYNTHIA
Address: 114 ODIN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: TD () Delete
Name: MADDAUS, RICHARD
Address: 143 WOODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TRENT, CONNER
Address: 141 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD (X) Change () Addition
Name: GARRETT, BILL
Address: 128 ODIN DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

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

Title: D (X) Change () Addition
Name: KELLER, JOHN
Address: 113 WODEN WAY
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: GRAY, JOHN
Address: 126 ODIN DRIVE
City-St-Zip: WINTER HAVEVN, 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: CONNER TRENT

P

03/02/2009

Electronic Signature of Signing Officer or Director

Date