2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# 747939

Entity Name: VALLHALA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HWY. #212
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

PALM BEACH PROPERTY MANAGEMENT
2200 N. FEDERAL HWY. #212
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 59-2640508 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLAZURE, LENNIE
2200 N. FEDERAL HWY.
212
BOCA RATON, FL 33431 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: P ( ) Delete
Name: PRELAK, LYNDA
Address: 22415 SW 61ST WAY A 206
City-St-Zip: BOCA RATON, FL

Title: S/T ( ) Delete
Name: KILLEN, ROBERT
Address: 22465 SW 61ST WAY #D147
City-St-Zip: BOCA RATON, FL 33428

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PRELAK, LYNDA
Address: 22415 SW 61ST WAY A 206
City-St-Zip: BOCA RATON, FL

Title: S/T (X) Change ( ) Addition
Name: CORSO, ROSE
Address: 22465 SW 61ST WAY #D143
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Change (X) Addition
Name: STRASSBURGER, FRANK
Address: 2200 N. FEDERAL HIGHWAY #212
City-St-Zip: BOCA RATON, FL 33431

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: LYNDA PRELAK PD 04/22/2008

Electronic Signature of Signing Officer or Director — Date