2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747939

FILED Mar 19, 2009 Secretary of State

Entity Name: VALLHALA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

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

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PLAZURE, LENNIE 2200 N. FEDERAL HWY. 212 BOCA RATON, FL 33431 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:

Flateric Constant Devices Advantage

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

 Name:
 PRELAK, LYNDA
 Name:
 PRELAK, LYNDA

 Address:
 22415 SW 61ST WAY A 206
 Address:
 2200 N. FEDERAL HWY.

 City-St-Zip:
 BOCA RATON, FL
 33431

Title: S/T () Delete Title: S/T (X) Change () Addition

Name: CORSO, ROSE Name: CORSO, ROSE

 Address:
 22465 SW 61ST WAY #D143
 Address:
 2200 N. FEDERAL HWY.

 City-St-Zip:
 BOCA RATON, FL 33428
 City-St-Zip:
 BOCA RATON, FL 33431

Title: D () Delete Title: () Change () Addition

 Name:
 STRASSBURGER, FRANK
 Name:

 Address:
 2200 N. FEDERAL HIGHWAY #212
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 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: LYNDA PRELAK PD 03/19/2009