


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 14, 2005 8:00 am
Secretary of State

05-04-2005 90144 031 ****61.25

DOCUMENT # N00000006262			
1. Entity Name VALLEY WEST HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business MANNING BUILDING SUPPLIES, OF JAX, IN 10900 PHILIPS HIGHWAY JACKSONVILLE FL 32256		Mailing Address MANNING BUILDING SUPPLIES, OF JAX, IN 10900 PHILIPS HIGHWAY JACKSONVILLE FL 32256	
2. Principal Place of Business <i>1950 Valley Crossing Dr.</i>		3. Mailing Address <i>1950 Valley Crossing Dr.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32210</i>	Country <i>US</i>	Zip <i>32210</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent FARMER, RICHARD R. Eric 1950 VALLEY CROSSING DR. JACKSONVILLE FL 32210		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>R. E. Farmer</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANNING, KIRBY 6917 SE 12TH TERRACE OCALA FL 34480 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Officer R. Eric Farmer 1950 Valley Crossing Dr. Jacksonville, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CISSEL, JAMES H 14 HOPSON ROAD JACKSONVILLE BEACH FL 32250 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER, TRST. JEFFREY A. ROUER 1106 LOOKOUT POINT DR. JACKSONVILLE, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLZE, KAREN 14516 SAN PABLO DR N JACKSONVILLE FL 32224 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Karen E. Lara-Batcheider 1608 LOOKOUT POINT DR. JAX FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT FUNICE CHISHOLM 1608 LOOKOUT POINT DR. JAX, FL 32210 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
SIGNATURE: <i>R. E. Farmer</i>		1-20-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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1st MOORE CR2E037 (10/04)