



# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N00000006262</b> 1. Entity Name <b>VALLEY WEST HOMEOWNERS ASSOCIATION, INC.</b>				<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">2008 JUN 26 AM 8:07</div> <div style="font-size: 1.1em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1950 VALLEY CROSSING DRIVE JACKSONVILLE, FL 32210		Mailing Address 1950 VALLEY CROSSING DRIVE JACKSONVILLE, FL 32210			
2. Principal Place of Business - No P.O. Box # <b>3015 Hartley Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3015 Hartley Rd.</b> Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b> Zip <b>32257</b> Country <b>USA</b>		City & State <b>Jacksonville, FL</b> Zip <b>32257</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>FARMER, RICHARD</b> <b>1950 VALLEY CROSSING DR.</b> <b>JACKSONVILLE, FL 32210</b>		7. Name and Address of New Registered Agent Name <b>Stellar Properties of North FL, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>3015 Hartley Rd</b> City <b>Jacksonville</b> FL Zip Code <b>32257</b>		4. FEI Number <b>59-2398136</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>Paid Feb 08</b>		Applied For <input type="checkbox"/> Not Applicable			
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 <b>Karen Stanfield for Stellar Properties</b> <b>6-19-08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b> <b>* Paid Feb 08</b>		<b>* In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b> <b>See attachments</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARMER, R. ERIC 1950 VALLEY CROSSING DRIVE JACKSONVILLE, FL 32210	<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	T ROHRER, JEFFREY 7706 LOOKOUT POINT DRIVE JACKSONVILLE, FL 32210	<input checked="" 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	S LORA-BATZHELDER, KAREN 7658 LOOKOUT POINT DRIVE JACKSONVILLE, FL 32210	<input checked="" 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	V CHISHOLM, EUNICE 7628 LOOKOUT POINT DRIVE JACKSONVILLE, FL 32210	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<div style="font-size: 2em; font-weight: bold;">REINSTATEMENT</div> <div style="font-size: 1.5em; font-weight: bold;">07-08</div>					
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.					
SIGNATURE: <b>Eunice Chisholm</b> <b>V-Pres.</b> <b>June 19, 08</b> <b>854-786-1002</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					