

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90258 042 ****61.25

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1. Entity Name
VALKARIA AREA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
4098 PONDEROSA RD
VALKARIA, FL 32950-0743

Mailing Address
P.O. BOX 500743
MALABAR, FL 32950-0743

50000083



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-NP

CR2E037 (12/06)

4. FEI Number

20-8183917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WALTERS, JANIS H
4098 PONDEROSA RD
VALKARIA, FL 32950-0743

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME RAY, BARBARA
STREET ADDRESS 4030 ADAMS LN
CITY-ST-ZIP VALKARIA, FL 32950

TITLE DP ☐ Delete
NAME WALTERS, JANIS
STREET ADDRESS 4098 PONDEROSA RD
CITY-ST-ZIP VALKARIA, FL 329500743

TITLE D ☒ Delete
NAME BLAND, BARBARA
STREET ADDRESS 3490 LEHORN RD
CITY-ST-ZIP VALKARIA, FL 32950

TITLE DS ☒ Delete
NAME FADEN, MARYJO
STREET ADDRESS 3700 PONDEROSA RD
CITY-ST-ZIP VALKARIA, FL 32950

TITLE DT ☐ Delete
NAME LORENC, CURTIS
STREET ADDRESS 4098 PONDEROSA RD
CITY-ST-ZIP VALKARIA, FL 32950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

**DTS
Lorenc, Curtis**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janis Walters, Pres. 1/9/07 321-984-8898