

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007475

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



04282008 No Chg-NP

CR2E037 (4/06)

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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

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IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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. 4/28/08 321-484-8898