

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007475

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** VALKARIA AREA NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

4098 PONDEROSA RD  
VALKARIA, FL 329500743

**New Principal Place of Business:**

4098 PONDEROSA RD  
VALKARIA, FL 329504344

**Current Mailing Address:**

P.O.BOX 500743  
MALABAR, FL 329500743

**New Mailing Address:**

FEI Number: 20-8183917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WALTERS, JANIS H  
4098 PONDEROSA RD  
VALKARIA, FL 329500743 US

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

WALTERS, JANIS H  
4098 PONDEROSA RD  
VALKARIA, FL 329504344 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:

02/03/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DV ( ) Delete  
Name: RAY, BARBARA  
Address: 4030 ADAMS LN  
City-St-Zip: VALKARIA, FL 32950

Title: DP ( ) Delete  
Name: WALTERS, JANIS  
Address: 4098 PONDEROSA RD  
City-St-Zip: VALKARIA, FL 329500743

Title: DTS ( ) Delete  
Name: LORENC, CURTIS  
Address: 4098 PONDEROSA RD  
City-St-Zip: VALKARIA, FL 32950

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: WALTERS, JANIS  
Address: 4098 PONDEROSA RD  
City-St-Zip: VALKARIA, FL 329504344

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JANIS WALTERS

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date