


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

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000007903		
1. Entity Name GRANT-VALKARIA COMMUNITY ASSOCIATION, INC.		
Principal Place of Business 5180 RED BAY LANE GRANT, FL 32949		Mailing Address 5180 RED BAY LANE GRANT, FL 32949
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ZORYK, CLAIRE 3630 PAINTED BUNTING PLACE GRANT, FL 32949		DO NOT WRITE 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 _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000825016 02/20/08-80102-014 61.25
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	KOLAR, LISETTE	
STREET ADDRESS	5180 RED BAY LANE	
CITY - ST - ZIP	GRANT, FL 32949	
TITLE	V	
NAME	TONTI, JAMES	
STREET ADDRESS	3860 TOBY AVE	
CITY - ST - ZIP	VALKANIA, FL 32950	
TITLE	T	
NAME	ZORYK, CLAIRE	
STREET ADDRESS	3630 PAINTED BUNTING PLACE	
CITY - ST - ZIP	GRANT, FL 32994	
TITLE	S	
NAME	BRYANT, RENEE	
STREET ADDRESS	5845 PINESAD	
CITY - ST - ZIP	GRANT, FL 32949	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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: <u>Claire Zoryk</u> <u>Treasurer</u> <u>2/2/08</u> <u>321-409-9911</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		