2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# N06000007903

Entity Name: GRANT-VALKARIA COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

5180 RED BAY LANE
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

5180 RED BAY LANE
GRANT, FL 32949

New Mailing Address:

PO BOX 90
GRANT, FL 32949

FEI Number: 20-5228957 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZORYK, CLAIRE
3630 PAINTED BUNTING PLACE
GRANT, FL 32949 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	KOLAR, LISETTE	
Address:	5180 RED BAY LANE	
City-St-Zip:	GRANT, FL 32949	
Title:	V	( ) Delete
Name:	TONTI, JAMES	
Address:	3860 TOBY AVE	
City-St-Zip:	VALKANIA, FL 32950	
Title:	T	( ) Delete
Name:	ZORYK, CLAIRE	
Address:	3630 PAINTED BUNTING PLACE	
City-St-Zip:	GRANT, FL 32994	
Title:	S	( ) Delete
Name:	BRYANT, RENEE	
Address:	5845 PINESAD	
City-St-Zip:	GRANT, FL 32949	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CLAIRE ZORYK T 02/09/2009

Electronic Signature of Signing Officer or Director — Date