

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007903

**FILED**  
**Feb 05, 2012**  
**Secretary of State**

**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:**

PO BOX 90  
GRANT, FL 32949

**New Mailing Address:**

**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: PRES  
Name: KOLAR, LISETTE  
Address: 5180 RED BAY LANE  
City-St-Zip: GRANT, FL 32949

Title: VP  
Name: KALOSKI, LINDA  
Address: 3661 FICUS PLACE  
City-St-Zip: GRANT, FL 32949

Title: TRES  
Name: ZORYK, CLAIRE  
Address: 3630 PAINTED BUNTING PLACE  
City-St-Zip: GRANT, FL 32994

I hereby 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 all other like empowered.

SIGNATURE: CLAIRE ZORYK

TREA

02/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date