FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N16743

(9)

VALLEY	HILL	FARMS	HOMEOWNERS'	MOLTATIONS	INC
YALLET	DILL	LYUNO	HOMEOWNERS	ASSUCIATION.	INU.

Principal Place of Business	Mailing Address			THE REPORT OF THE PART OF THE	DARK OLDON OLDON OLDON OLDON OLDON OLDON	
34944 VALLEY HILL LANE EUSTIS FL 32726 US	34944 VALLEY HILL LAN Eustis FL 32726 Us					
				 Date Incorporated or Qualified 09/10/1986 	3a. Date of Last Report 05/22/1995	
Principal Place of Business 1	2a. Mailing Address 26			4. FEI Number NOT APPLICABLE	Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	· -		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 29	29 30		8. This corporation has liability for in	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Re		
		81	Name			
FABIAN, GEORGE M. 34944 VILLAGE HILL LANE		62	Street /	Address (P.O. Box Number is Not Acceptable)	
EUSTIS FL 32726		8.	1			
		B4	1 1		FI 85 Zip Code	
 Pursuant tenthe provisions of Sections 617.4 or registered agent, or both, in the State of 	0502 and 617.1508, Florida Statutes Florida. Sygn change was authorized	, the above	named co	rporation submits this statement for the purpoper of directors. I hereby accept the appoint	ose of changing its registered office	
signature 14474	Section 877 0503, Florida Statutes.			3	16/61	
Signature, typed or printed name of registered		: Registered Ag	ent signature re	quired when reinstating)	DATE	
	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TILLE PD	DELETE	1.1 TITLE			Change Addition	
FABIAN, GEORGE M.		1.2 NAME	•			
STREET ADDRESS 34944 VALLEY HILL LANE		1.3 STREE	T ADDRESS			
CITY-ST-ZIP EUSTIS FL	Fineres	1.4 CITY -	ST-ZIP			
TITLE VD	DELETE	2.1 TITLE			☐ Change ☐ Addition	
MESSIER, JUDITH O.		2.2 NAME				
STREET ADDRESS 34930 VALLEY HILL LANE			T ADDRESS			
CHY-ST-ZIP EUSTIS FL TITLE STD	DELETE	2. 4 CITY	ST-ZIP			
NAME PARLAPIANO, JAMYE		3.1 TITLE			Change Addition	
STREET ADDRESS 34913 VALLEY HILL LANE		3.2 NAME	1			
CITY-ST-ZIP EUSTIS FL		33 STREET ADDRESS				
TIFLE	DELETE	3.4. CITY-	· \$1 - Z{P		Change Addition	
NAME		4.2 NAME	.	10000174 -03/13/960102		
STREET ADDRESS			T ADDRESS	-03/13/960102	21010	
CiTY-ST-ZIP		4.4 CiTY-	i	***61.25		
TITLE	DELETE	5.1 TITLE			☐ Change ☐ Addition	
NAME		5.2 NAME				
STREET ADDRESS			T ADDRESS		alm.	
CITY-ST-ZIP		5.4 CITY-	ST-ZIP		M	
TITLE	□DELETE	6.1 TITLE			Chan Addition	
NAME		6.2 NAME			W. W.	
STREET ADDRESS		63 STREE	T ADDRESS		(VIII)	
C(TY-ST-ZIP		6.4 CITY -	ST-ZIP		1/1J,	
14. I do hereby certify that the information suppl	ied with this filing is voluntarily furnish	ned and doe	es not qual	fy for the exemption stated in Section 119.07	7(3)(k), Florida Statutes. I further	

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 32 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PHINTED HAME OF SIGNING CHFICER OR DIRECTOR

352 483 23 75 Date Phone 8