

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90095 041 ****70.00

0080115

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N17870

1. Corporation Name

VALPARAISO VILLAGE TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

12 BAYSHORE POINT
 VALPARAISO FL 32580
 US

Mailing Address

12 BAYSHORE POINT
 VALPARAISO FL 32580
 US



2. Principal Place of Business

21 7 Bayshore Pt

Suite, Apt. #, etc.

22

23 Valparaiso FL

Zip Country

24 32580 25 USA

2a. Mailing Address

26 7 Bayshore Pt

Suite, Apt. #, etc.

27

28 Valparaiso FL

Zip Country

29 32580 30 USA

3. Date Incorporated or Qualified

11/20/1986

4. FEI Number

59-2712393

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

SWANSON, JACK E
 12 BAYSHORE POINT
 VALPARAISO FL 32580

10. Name and Address of New Registered Agent

81 Name

Adair C. Pickard

82 Street Address (P.O. Box Number is Not Acceptable)

7 Bayshore Pt

83

84 City

Valparaiso

FL

85 Zip Code

32580

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Adair C. Pickard, Pres.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-23-99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SWANSON, JACK
 STREET ADDRESS 12 BAYSHORE POINT
 CITY-ST-ZIP VALPARAISO FL

TITLE VD ☒ DELETE

NAME PICKARD, ADAIR
 STREET ADDRESS 7 BAYSHORE POINT
 CITY-ST-ZIP VALPARAISO FL

TITLE STD ☒ DELETE

NAME BLACK, CAROLYN
 STREET ADDRESS 1 BAYSHORE POINT
 CITY-ST-ZIP VALPARAISO FL

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME Adair C. Pickard

1.3 STREET ADDRESS 7 Bayshore Pt

1.4 CITY-ST-ZIP Valparaiso FL 32580

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME Elliot Peterson

2.3 STREET ADDRESS 5 Bayshore Pt

2.4 CITY-ST-ZIP Valparaiso FL 32580

3.1 TITLE STD ☒ Change ☐ Addition

3.2 NAME Steve Lightfoot

3.3 STREET ADDRESS 20 Bayshore Pt

3.4 CITY-ST-ZIP Valparaiso FL 32580

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Adair C. Pickard Adair C. Pickard 2-23-99 (850) 244-2825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)