
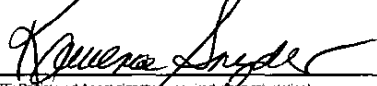
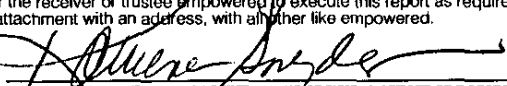


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2004 8:00 am
Secretary of State

01-15-2004 90004 026 ****70.00

DOCUMENT # N17870 1. Entity Name VALPARAISO VILLAGE TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 7 BAYSHORE POINT VALPARAISO, FL 32580 US			Mailing Address 7 BAYSHORE POINT VALPARAISO, FL 32580 US		
2. Principal Place of Business 8 BAYSHORE PT Suite, Apt. #, etc.		3. Mailing Address 8 BAYSHORE PT Suite, Apt. #, etc.			
City & State VALPARAISO, FL Zip 32580		City & State VALPARAISO, FL Zip 32580		4. FEI Number 59-2712393	
Country U.S.A.		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PICKARD, ADAIR C 7 BAYSHORE PT VALPARAISO, FL 32580			7. Name and Address of New Registered Agent Name ROWENA SNYDER Street Address (P.O. Box Number is Not Acceptable) 8 BAYSHORE PT. City VALPARAISO FL Zip Code 32580		
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 ROWENA SNYDER  1/11/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, ELLIOT 5BAYSHORE PT VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEVE LIGHTFOOT 20 BAYSHORE PT VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KUSUMOTO, MIKI 1180 BAYSHORE DR. VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GARY BANKS 2 BAYSHORE PT VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIBSON, ANGELA 24 BAYSHORE POINT VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROWENA SNYDER 8 BAYSHORE PT VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

44006160



01112004 Chg-NP CR2E037 (10/03)