


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90048 022 ****70.00

DOCUMENT # N17870 1. Entity Name VALPARAISO VILLAGE TOWNHOMES ASSOCIATION, INC.					
Principal Place of Business 8 BAYSHORE POINT VALPARAISO, FL 32580 US			Mailing Address 8 BAYSHORE POINT VALPARAISO, FL 32580 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 59-2712393				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SNYDER, ROWENA <i>NOTE: MISPELLED LAST NAME</i>			7. Name and Address of New Registered Agent Name SNYDER, ROWENA Street Address (P.O. Box Number is Not Acceptable) 8 BAYSHORE PT. VALPARAISO, FL 32580 City FL Zip Code		
ing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE <i>Rowena N. Snyder</i> ROWENA SNYDER 1/5/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LIGHTFOOT, STEVE		NAME		
STREET ADDRESS	20 BAYSHORE PT		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO, FL 32580		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BANKS, GARY		NAME		
STREET ADDRESS	2 BAYSHORE PT.		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO, FL 32580		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SNYDER, ROWENA		NAME		
STREET ADDRESS	8 BAYSHORE PT.		STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO, FL 32580		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Rowena N. Snyder</i> ROWENA N. SNYDER 1/5/05 (850) 678-2444 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					