


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N22802</b> 1. Entity Name VISALIA PLACE ASSOCIATION, INC.	
---	---

Principal Place of Business SUSAN S. REITER 6756 VISALIA PL. TALLAHASSEE, FL 32317 US	Mailing Address SUSAN S. REITER 6756 VISALIA PL. TALLAHASSEE, FL 32317 US
--	--

DO NOT WRITE IN THIS SPACE



02082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-6201905	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DETSCHER, PATRICK  
6717 VISALIA PL  
TALLAHASSEE, FL 32317

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DETSCHER, PATRICK 6717 VISALIA PL TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, MEENA 6748 VISALIA PL. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REITER, SUSAN S 6756 VISALIA PL. TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000829717  
02/26/08-80053-004 61.25

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Susan S. Reiter 2/8/08 850-878-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #