


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N92000000989		
1. Entity Name VALLEY VIEW TERRACE PROPERTY OWNERS' ASSOCIATION, INC.		
Principal Place of Business P.O. BOX 993 HIGHLAND CITY, FL 33846 US	Mailing Address P. O. BOX 993 HIGHLAND CITY, FL 33846 US	
DO NOT WRITE IN THIS SPACE		



01082004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3169942	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STINSON, DON 3281 BIG VALLEY DR LAKELAND, FL 33813-4398

**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 _____ (NOTE: Registered Agent signature required when renewal.) DATE _____

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COMMONS, ED 3210 BIG VALLEY DR LAKELAND, FL 338134398
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STINSON, DON 3281 BIG VALLEY DR LAKELAND, FL 338134398
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRICKS, HERB 3272 BIG VALLEY DR LAKELAND, FL
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01/13/04-80010-014 61.25

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IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donell C. Stinson

Date

Digitally signed by

1. 8. 04 (863) 648.9