

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 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**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3169942**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000183990  
01/20/05-80012-015 61.25

**DO NOT WRITE  
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)(l), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.13.05 (663) 648.9434