

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000989

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** VALLEY VIEW TERRACE PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

P.O. BOX 993  
HIGHLAND CITY, FL 33846 US

**New Principal Place of Business:**

3281 BIG VALLEY DR  
LAKELAND, FL 33812 US

**Current Mailing Address:**

P. O. BOX 993  
HIGHLAND CITY, FL 33846 US

**New Mailing Address:**

P.O. BOX 993  
HIGHLAND CITY, FL 33846 US

**FEI Number:** 59-3169942

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STINSON, DON  
3281 BIG VALLEY DR  
LAKELAND, FL 338124398 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COMMONS, ED  
Address: 3210 BIG VALLEY DR  
City-St-Zip: LAKELAND, FL 338124398

Title: STD ( ) Delete  
Name: STINSON, DON  
Address: 3281 BIG VALLEY DR  
City-St-Zip: LAKELAND, FL 338124398

Title: VD ( ) Delete  
Name: STEWART, RICK  
Address: 3240 BIG VALLEY DR  
City-St-Zip: LAKELAND, FL 338124398

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON STINSON

STD

01/18/2009

Electronic Signature of Signing Officer or Director

Date