

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003295 (3)**

1. Corporation Name

**VALLEY VIEW TERRACE WEST PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

PO BOX 237  
HIGHLAND CITY FL 33846  
US

PO BOX 237  
HIGHLAND CITY FL 33846  
US

3. Date Incorporated or Qualified  
**07/16/1993**

3a. Date of Last Report  
**02/10/1995**

2. Principal Place of Business

2a. Mailing Address

21 **Deborah Ledford**

26 **Deborah Ledford**

4. FEI Number  
**59-3232095**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**3140 Big Valley Drive**

27 Suite, Apt. #, etc.  
**3140 Big Valley Drive**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Lakeland, FL**

28 City & State  
**Lakeland, FL 33813**

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

24 Zip **33813** 25 Country **US**

29 Zip **33813** 30 Country **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**MARTIN, E. SNOW JR.  
200 LAKE MORTON DR.  
LAKELAND FL 33801**

10. Name and Address of New Registered Agent

81 Name **Deborah Ledford (Treasurer)**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3140 Big Valley Drive**  
83  
84 City **Lakeland** 85 Zip Code **FL 33813**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE **Deborah A. Ledford**

DATE **4-29-96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PO	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, JOHN S	
STREET ADDRESS	5431 U.S. 98 SOUTH	
CITY - ST - ZIP	HIGHLAND CITY FL 33840	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, OSCAR W JR.	
STREET ADDRESS	5431 U.S. 98 SOUTH	
CITY - ST - ZIP	HIGHLAND CITY FL 33840	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LOFTIN, WILLIAM H	
STREET ADDRESS	5151 S. LAKELAND DR., SUITE 13	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Cheryl Wahl	
1.3 STREET ADDRESS	3130 Big Valley Drive	
1.4 CITY - ST - ZIP	Lakeland, FL 33813	
2.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Deborah Ledford	
2.3 STREET ADDRESS	3140 Big Valley Drive	
2.4 CITY - ST - ZIP	Lakeland, FL 33813	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steve Morrow	
3.3 STREET ADDRESS	3119 Big Valley Drive	
3.4 CITY - ST - ZIP	Lakeland, FL 33813	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

**000001890530**  
**-07/11/96--01016--037**  
**\*\*\*61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Deborah Ledford / Treasurer** / **4-29-96** (941) 859-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)