


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000003295

1. Entity Name
VALLEY VIEW TERRACE WEST PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

3120 BIG VALLEY DR 3120 BIG VALLEY DR
 LAKELAND, FL 33813 US LAKELAND, FL 33813 US

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03142005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
59-3232095 Not Applicable

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

6. Name and Address of Current Registered Agent

OSWALD, LORI
 3120 BIG VALLEY DR
 LAKELAND, FL 33813

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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 *Lori Oswald Treasurer* **3-15-05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) 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	P
NAME	DAIGLE, ROB
STREET ADDRESS	3140 BIG VALLEY DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	SCOTT, WENDY
STREET ADDRESS	3101 BIG VALLEY DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	T
NAME	OSWALD, LORI
STREET ADDRESS	3120 BIG VALLEY DR
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/17/05-80010-006 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Lori Oswald* **3-15-05** **863-647-2823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #