


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 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**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-3232095 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fees 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 _____
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, 2006

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UD0000414470
 02/11/06-80039-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date: 2-1-06 Daytime Phone #: 863/647-2823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR