

**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

3120 BIG VALLEY DR  
LAKE LAND, FL 33813 US

Mailing Address

3120 BIG VALLEY DR  
LAKE LAND, FL 33813 US



02012006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3232095

Applied For  
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  
LAKE LAND, FL 33813

**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, 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	LAKE LAND, FL 33813
TITLE	S
NAME	SCOTT, WENDY
STREET ADDRESS	3101 BIG VALLEY DR
CITY-ST-ZIP	LAKE LAND, FL 33813
TITLE	T
NAME	OSWALD, LORI
STREET ADDRESS	3120 BIG VALLEY DR
CITY-ST-ZIP	LAKE LAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000414470  
02/11/06-80039-007 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-06 863/ 647-2823