## 2007 NOT-FOR-PROFIT CORPORATION

SIGNATURE:

## Apr 24, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # N93000003295 04-24-2007 90003 015 \*\*\*\*61.25 VALLEY VIEW TERRACE WEST PROPERTY OWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 40078664 3120 BIG VALLEY DR 3120 BIG VALLEY DR LAKELAND, FL 33813 LAKELAND, FL 33813 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc Suite, Apt. #, etc. 04162007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-3232095 City & State City & State Applied For Not Applicable Ζīρ Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Morrow OSWALD, LORI Street Address (P.O. Box Number is Not Acceptable) 3119 1319 Valley Drive 3120 BIG VALLEY DR LAKELAND, FL 33813 Zip Code 35812 Lakeland 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 regis SIGNATURE Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE DAIGLE, ROB HAME NAME STREET ADDRESS 3140 BIG VALLEY DR STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-7P TITLE S Delete TITLE ☐ Change ☐ Addition SCOTT, WENDY NAME NAME STREET ADDRESS 3101 BIG VALLEY DR STREET AUTORESS CITY-ST-ZIP LAKELAND, FL 33813 CITY-ST-ZIP TITLE ☐ Delete IIILE Addition OSWALD, LORI HAME MALIF STREET ADDRESS 3120 BIG VALLEY DR STREET ADDRESS LAKELAND, FL 33813 Lakeland CITY-ST-ZIP CITY-51-78 me ☐ Delete me ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-51-70 CITY-ST-7IP ☐ Delete ☐ Change Addition MALE HALIE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition ☐ Channe NALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered 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 appear with an address with all other like empowered.