## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000003295

FILED May 08, 2008 Secretary of State

Entity Name: VALLEY VIEW TERRACE WEST PROPERTY OWNERS' ASSOCIATION INC

Littly Nan	ile. VALLET	VIEW TERRACE WEST PROFERITE	WINEIRO AGC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Current Principal Place of Business:			New Principal Place of Business:		
	/ALLEY DR D, FL 33813	US	3119 BIG VA LAKELAND,		US
Current M	ailing Addres	ss:	New Mailing	g Address:	:
	/ALLEY DR D, FL 33813	US	3119 BIG VA LAKELAND,		US
	59-3232095 ce with s. 607.19	FEI Number Applied For ( ) FEI Num 3(2)(b), F.S., the corporation did not receive	mber Not Application	able ( )	Certificate of Status Desired ( )
Name and	Address of C	Current Registered Agent:	Name and A	ddress of	New Registered Agent:
	, STEVEN /ALLEY DRIVE ), FL 33812	E US			
	,				
	·	submits this statement for the purpose of	of changing its	registered	office or registered agent, or both,
	named entity of Florida.		of changing its	registered	office or registered agent, or both,
in the State	named entity e of Florida. RE:		of changing its	registered	office or registered agent, or both,  Date
in the State SIGNATUF	named entity e of Florida. RE:	submits this statement for the purpose on the purpose of the purpo			
in the State SIGNATUF	named entity e of Florida. RE: Electron	submits this statement for the purpose of the control of the purpose of the control of the contr		/CHANGE	Date
in the State SIGNATUF  OFFICERS  Title: Name: Address:	named entity of Florida.  RE: Electron  S AND DIREC  P (DAIGLE, ROB 3140 BIG VALL LAKELAND, FL	submits this statement for the purpose of sic Signature of Registered Agent  TORS:  Delete  EY DR  33813 US  Delete  EVEN EY DR.	ADDITIONS  Title: Name: Address: City-St-Zip:  Title: Name: Address:	CHANGE:  (S/T (MORROW, S'3119 BIG VAL	Date S TO OFFICERS AND DIRECTORS: ) Change ( ) Addition  X) Change ( ) Addition TEVEN

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB DAIGLE PRES 05/08/2008