


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000000257 (5)**  
1. Corporation Name  
**VALLEY WOOD II HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>6201 RIVER RIDGE BLVD. NEW PORT RICHEY FL 34654</b>	Mailing Address <b>40347 US 19 NORTH SUITE 201 TARPON SPRINGS FL 34689</b>
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3. Date Incorporated or Qualified <b>01/19/1994</b>	
4. FEI Number <b>59-3399763</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**KARAGIANIS, IRENE  
40347 US 19 NORTH  
SUITE 201  
TARPON SPRINGS FL 34689**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>PERVEILER, ROSEMARY</b>	
STREET ADDRESS	<b>10815 CHENEQUA COURT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>DOHERTY, ANNETTE</b>	
STREET ADDRESS	<b>7633 BAYHILL COURT</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIS, ELLIS</b>	
STREET ADDRESS	<b>10800 LAQUINTA DRIVE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERLIN, IRENE</b>	
STREET ADDRESS	<b>7610 OAKMONT LANE</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D BEVERLY LONSWAY</b>
4.3 STREET ADDRESS	<b>10826 LAQUINTA DRIVE</b>
4.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>TD SHIRLEY BEVER</b>
5.3 STREET ADDRESS	<b>10616 MILL RIVER DR</b>
5.4 CITY-ST-ZIP	<b>NEW PORT RICHEY, FL 34654</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **2-18-98** **912 0112 1155**

CR2E037 (10/97)