## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000003684

FILED Feb 19, 2009 Secretary of State

Entity Name: VALLEYDALE RO ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 37501 MARTINDALE AVE ZEPHYRHILLS, FL 33542 **Current Mailing Address: New Mailing Address:** 37501 MARTINDALE AVE ZEPHYRHILLS, FL 33542 FEI Number: 59-3259419 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KALLGREN, SYLVIA S 6736 LUM DRIVE ZEPHYRHILLS, FL 33542 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete LAMBERT, RONOALD LAMBERT, RONALD Name: Name: 6741 ORLO DRIVE Address: 6741 ORLO DRIVE Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: ZEPHYRHILLS, FL 33542 Title: VD () Delete Title: () Change () Addition RENDALL, RICHARD Name: Name: Address: 37506 SERENITY AVE Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition MOFFETT, JOHN Name: Name: 6847 PATTERSON STREET Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DENNIS, ROGER Name: 37446 MARTINDALE AVE Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition VON SCHILLING, EDITH Name: Name: 6809 LUM DR Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33542 City-St-Zip: Title: () Delete Title: () Change () Addition BERGJANS, BRIAN Name: Name: Address: 6821 LUM DRIVE Address: ZEPHYRHILLS, FL 33542 City-St-Zip: City-St-Zip:

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: RONALD LAMBERT PD 02/19/2009