

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90183 034 ****61.25

DOCUMENT # N96000004805

1. Entity Name

VALLEY VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

**3174 VALLEY VISTA CIRCLE
 LAKELAND FL 33813**

Mailing Address

**3174 VALLEY VISTA CIRCLE
 LAKELAND FL 33813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3403463

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALLEN & BAILEY, P.A.
 170 NORTH FLORIDA AVENUE
 FORTOW FL 33830-3947**

Name

Craig MAILHOT

Street Address (P.O. Box Number Not Acceptable)

3183 VALLEY VISTA CIRCLE

City

LAKELAND

FL

Zip Code

33813

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.

SIGNATURE

Signature of, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BAILEY, A. WILLIAM III	
STREET ADDRESS	3174 VALLEY VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DT	<input type="checkbox"/> Delete
NAME	STRICKLAND, MIKE	
STREET ADDRESS	3179 VALLEY VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAILHOT, CRAIG	
STREET ADDRESS	3183 VALLEY VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DV	<input type="checkbox"/> Delete
NAME	WESTCOTT, TERRY	
STREET ADDRESS	3103 VALLEY VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Craig MAILHOT	
STREET ADDRESS	3183 VALLEY VISTA CIRCLE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/02

863-574-3520

CR2E037 (9/01)