2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2004 08:00 AM
Secretary of State

DOCUMENT # N96000004805

1. Entity Name
VALLEY VISTA PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3119 VALLEY VISTA CIRCLE LAKELAND, FL 33813	3119 VALLEY VISTA CIRCLE LAKELAND, FL 33813

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07072004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3403463
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KARL HEINK
3199 VALLEY VISTA CIRCLE
LAKELAND, FL 33813

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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 registered agent.

SIGNATURE: K. Karl Heink 7/26/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	STRICKLAND, MIKE
STREET ADDRESS	3179 VALLEY VISTA CIRCLE
CITY ST ZIP	LAKELAND, FL 33813
TITLE	DS
NAME	HEINK, KARL
STREET ADDRESS	3119 VALLEY VISTA CIRCLE
CITY ST ZIP	LAKELAND, FL 33813
TITLE	DV
NAME	WESTCOTT, TERRY
STREET ADDRESS	3103 VALLEY VISTA CIRCLE
CITY ST ZIP	LAKELAND, FL 33813
TITLE	DP
NAME	MAILHIOT, CRAIG
STREET ADDRESS	3183 VALLEY VISTA CIR
CITY ST ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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08/04/04-80001-004 61.25

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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: John M. Strickland 7/25/04 863-644-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #