

**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.	

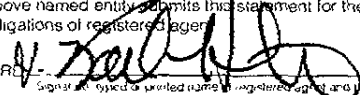
Principal Place of Business 3119 VALLEY VISTA CIRCLE LAKELAND, FL 33813	Mailing Address 3119 VALLEY VISTA CIRCLE LAKELAND, FL 33813
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DO NOT WRITE IN THIS SPACE

	
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	DO NOT WRITE IN THIS SPACE
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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:  DATE: **7/26/04**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

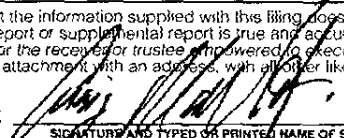
Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	DT STRICKLAND, MIKE 3179 VALLEY VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY ST ZIP	DS HEINK, KARL 3119 VALLEY VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY ST ZIP	DV WESTCOTT, TERRY 3103 VALLEY VISTA CIRCLE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY ST ZIP	DP MAILHIOT, CRAIG 3183 VALLEY VISTA CIR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000169289
08/04/04-80001-004 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  DATE: **7/25/04** DAYTIME PHONE #: **882-644-7712**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR