2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000006589

1. Entity Name
VALKARIA NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4098 PONDEROSA ROAD VALKARIA, FL 32950	POST OFFICE BOX 500743 MALABAR, FL 32950-0743

DO NOT WRITE IN THIS SPACE

01312004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3479058
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALTERS, JANIS H
4098 PONDEROSA ROAD
VALKARIA, FL 32950

DO NOT WRITE IN THIS SPACE

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
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 May 1, 2004

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

000000049252
03/01/04-80008-012 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALTERS, JANIS H.
STREET ADDRESS	4098 PONDEROSA RD
CITY-ST-ZIP	VALKARIN, FL 32950
TITLE	VDM
NAME	RAY, BARBARA N.
STREET ADDRESS	4030 ADAMS LANE
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	SD
NAME	FADEN, MARY JO
STREET ADDRESS	3750 PONDEROSA RD
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	DT
NAME	HERR, FRANCIS B
STREET ADDRESS	4020 GARVIN LAKE DR
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	D
NAME	CLAREQ, SUSAN
STREET ADDRESS	3795 PONDEROSA RD
CITY-ST-ZIP	VALKARIA, FL 32950
TITLE	D
NAME	LORENC, CURTIS D
STREET ADDRESS	4098 PONDEROSA RD
CITY-ST-ZIP	VALKARIA, FL 32950

DO NOT WRITE IN THIS SPACE

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: Janis H Walters Janis H. Walters 2/24/04 321-984-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #