

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000006589

1. Entity Name
VALKARIA NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
4098 PONDEROSA ROAD
VALKARIA, FL 32950

Mailing Address
POST OFFICE BOX 500743
MALABAR, FL 32950-0743



07092005 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

DO NOT WRITE IN THIS SPACE

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

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 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALTERS, JANIS H.
STREET ADDRESS 4098 PONDEROSA RD
CITY-ST-ZIP VALKARIA, 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

U000000372512
07/13/05-80003-016 61.25

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Janis H. Walters 7/11/05 321-984-8898