2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003443

1. Entity Name

THE VALLEY HOMEOWNERS ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5100 ROUND LAKE DR APOPKA FL 32712	5100 ROUND LAKE DR APOPKA FL 32712

1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2720441 ☐ Applied For ☐ Not Applicable

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
HOFFMAN, JOHN 5345 HARPER VALLEY ROAD APOPKA FL 32712	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HOFFMAN, JOHN		NAME	U00000505910	
STREET ADDRESS	5945 HARPER VALLEY ROAD		STREET ADDRESS	04/26/06-80133-021 61.25	
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RANALLI, JOE		NAME		
STREET ADDRESS	5175 MARTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUCKEYDOO, DONNA		NAME		
STREET ADDRESS	5269 HACKAMORE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BOWEN, KATHLEEN C		NAME		
STREET ADDRESS	5217 MARTINGALE LANE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DEBOL, MIKE		NAME		
STREET ADDRESS	5219 HARPER VALLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CURTO, SAL		NAME		
STREET ADDRESS	3152 HARPER VALLEY RD.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32712		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

4/9/06