

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003443

FILED
Feb 26, 2009
Secretary of State

Entity Name: THE VALLEY HOMEOWNERS ASSOCIATES, INC.

Current Principal Place of Business:

5100 ROUND LAKE DR
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

5100 ROUND LAKE DR
APOPKA, FL 32712

New Mailing Address:

FEI Number: 59-2720441

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, JOHN
5345 HARPER VALLEY ROAD
APOPKA, FL 32712 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOFFMAN, JOHN
Address: 5945 HARPER VALLEY ROAD
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: RANALLI, JOE
Address: 5175 MARTINGALE LANE
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: HOFFMAN, PAT
Address: 5945 HARPER VALLEY RD
City-St-Zip: APOPKA, FL 32712

Title: T () Delete
Name: HOLLENBECK, TED
Address: 5278 HARPER VALLEY RD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: DEBOL, MIKE
Address: 5219 HARPER VALLEY ROAD
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: CURTO, SAL
Address: 3152 HARPER VALLEY RD.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED HOLLENBECK

TREA

02/26/2009

Electronic Signature of Signing Officer or Director

Date