

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 724172 (2)**  
1. Corporation Name  
**VALENCIA PARK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business: **2061 SAN SEBASTIAN WAY N CLEARWATER FL 34623**  
Mailing Address: **2061 SAN SEBASTIAN WAY N CLEARWATER FL 34623**

3. Date Incorporated or Qualified: **08/22/1972**  
3a. Date of Last Report: **02/08/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1552085		Not Applicable
23	City & State	27	City & State	5	Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30	Country					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>WALSH, ARTHUR F. 2066 MADRID CT. NO. CLEARWATER FL 34623</b>		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	WALSH, ARTHUR F	1.2 NAME	
STREET ADDRESS	2066 MADRID CT. NO.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BOYLE, GEORGE	2.2 NAME	
STREET ADDRESS	2074 SAN MARINO WAY N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34623	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D
NAME	<del>RINI, GARY</del>	3.2 NAME	RICHARD BRODEUR
STREET ADDRESS	2060 LOS LOMAS DR	3.3 STREET ADDRESS	2090 SAN SEBASTIAN WAY NO.
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34623
TITLE	ST	4.1 TITLE	
NAME	SIMON, SHEILA	4.2 NAME	
STREET ADDRESS	410 STIRLING TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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2/26/96  
442-3556

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur F. Walsh  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 2-26-96  
Daytime Phone #: 442-3556

CR2E037 (12/95)