


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

**FILED**

**May 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 724172 (2)**  
1. Corporation Name  
**VALENCIA PARK HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>2061 SAN SEBASTIAN WAY N CLEARWATER FL 34623</b>	Mailing Address <b>2061 SAN SEBASTIAN WAY N CLEARWATER FL 34623</b>
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3. Date Incorporated or Qualified  
**08/22/1972**

4. FEI Number <b>59-1552085</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>22</b>	City & State <b>27</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>23</b>	Country <b>28</b>	Zip <b>24</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
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**81** Name  
**BRODEUR, RICHARD**  
**2060 SAN SEBASTIAN WAY N.**  
**CLEARWATER FL 34623**

**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 617.1506, 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 NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>PROSSER, PHYLLIS</b> <b>2062 SAN MARINO WAY N.</b> <b>CLEARWATER FL 34623</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD</b> <b>BOYLE, GEORGE</b> <b>2074 SAN MARINO WAY N.</b> <b>CLEARWATER FL 34623</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DP</b> <b>BRODEUR, RICHARD</b> <b>2060 SAN SEBASTIAN WAY NO.</b> <b>CLEARWATER FL 34623</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>SIMON, SHEILA</b> <b>410 STIRLING TERR</b> <b>DUNEDIN FL 34696</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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:** *Richard H. Brodeur* **4/29/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063255

CR2E037 (10/97)