

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724172

FILED
Feb 22, 2005
Secretary of State

Entity Name: VALENCIA PARK HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2061 SAN SEBASTIAN WAY N
CLEARWATER, FL 34623

New Principal Place of Business:

2061 SAN SEBASTIAN WAY N
CLEARWATER, FL 33763

Current Mailing Address:

2061 SAN SEBASTIAN WAY N
CLEARWATER, FL 34623

New Mailing Address:

2061 SAN SEBASTIAN WAY N
CLEARWATER, FL 33763

FEI Number: 59-1552085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERNICE, DAVIES
2030 SAN MARINO WAY, SOUTH
CLEARWATER, FL 33763 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: DP () Delete
Name: DAVIES, BERNICE
Address: 2030 SAN MARINO WAY, SO
City-St-Zip: CLEARWATER, FL 33763

Title: DV () Delete
Name: SCOTT, REMY
Address: 2067 SAN SEBASTIAN WAY, NORTH
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: FELIX, DEAN
Address: 2055 LOS LOMAS DR.
City-St-Zip: CLEARWATER, FL 33763

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: BRITTON, HAZEL
Address: 2034 LOS LOMAS DR.
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BERNICE R. DAVIES

DP

02/22/2005

Electronic Signature of Signing Officer or Director

_____ Date