

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90984 047 ****61.25

DOCUMENT # 724172



1. Entity 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1552085**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

**CRULTER, JEAN
2063 LOS LAMOS DRIVE
CLEARWATER FL 34623**

Name **ROBERT L. TANIKEL, P.A.**
Street Address (P.O. Box Number is Not Acceptable)
1022 MAIN ST. SUITE D
City **DUNEDIN** FL Zip Code **34698**

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 **Robert L Tankel** DATE **3/2/03**

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

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	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, CRAIG	
STREET ADDRESS	2062 SAN MARINO WAY N.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BOYLE, GEORGE	
STREET ADDRESS	2074 SAN MARINO WAY N.	
CITY-ST-ZIP	CLEARWATER FL 34623	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	SOBOLEWSKI, DAVID	
STREET ADDRESS	2090 SAN SEBASTIAN WAY NO.	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	SOIMAGER, REBECCA	
STREET ADDRESS	8230 28TH AVE. N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOBOLEWSKI, DAVID	
STREET ADDRESS	2061 LOS LAMOS DR.	
CITY-ST-ZIP	CLEARWATER, FL 34623	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIRLEY LINDENBACH	
STREET ADDRESS	1994 MADRID CT. N.	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNICE DAVIES	
STREET ADDRESS	2030 SAN MARINO WAY S.	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 I.e. empowered.

SIGNATURE:

CR2E037 (10/02)