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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724252**

1. Corporation Name
VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6825 WEST FLAGLER STREET MIAMI FL 33144-2830 US	6825 WEST FLAGLER STREET MIAMI FL 33144-2830 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 09/01/1972

4. FEI Number: 59-1432062 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

POYLE, AMPARO P.
6825 W FLAGLER ST #309
MIAMI FL 33144

10. Name and Address of New Registered Agent

81 Name: Anguita, Silvia
82 Street Address (P.O. Box Number is Not Acceptable): 6825 W. Flagler Street, Apt. 108
83
84 City: Miami, FL 85 Zip Code: 33144

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ANGUITA, SILVIA		1.2 NAME		
STREET ADDRESS	6825 W FLAGLER #108		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	TD/SD	☒ Change ☐ Addition
NAME	POYLE, AMPARO		2.2 NAME	Anguita, Silvia	
STREET ADDRESS	6825 W FLAGLER ST #309		2.3 STREET ADDRESS	6825 W. Flagler St. Apt. No. 108	
CITY-ST-ZIP	MIAMI FL 33144		2.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE	VP	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	HERNANDEZ, ISMAEL		3.2 NAME	Hernandez, Ismael	
STREET ADDRESS	6825 W FLAGLER ST, SUITE 405		3.3 STREET ADDRESS	6825 W Flagler St. Apt. 405	
CITY-ST-ZIP	MIAMI FL 33144		3.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE	PD	☐ DELETE	4.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	GALVEZ, SANTIAGO		4.2 NAME	Galvez, Santiago	
STREET ADDRESS	6825 W FLAGLER ST, SUITE 406		4.3 STREET ADDRESS	6825 W. Flagler St. Apr. 406	
CITY-ST-ZIP	MIAMI, FL 00000 33144		4.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE	VS	☒ DELETE	5.1 TITLE	VS	☐ Change ☒ Addition
NAME	GUTIERREZ, MARISA		5.2 NAME	De Villiers, Edith	
STREET ADDRESS	6825 WEST FLAGLER STREET #303		5.3 STREET ADDRESS	6825 W. Flagler St. Apt. 106	
CITY-ST-ZIP	MIAMI FL 33144-2830		5.4 CITY-ST-ZIP	Miami, FL 33144	
TITLE	VT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GALVEZ, LUISA		6.2 NAME		
STREET ADDRESS	6825 WEST FLAGLER STREET #406		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33144-2830		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: (Silvia Anguita) **SIGNATURE REQUIRED** Silvia Anguita 2-28-99 305 2617081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #