

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90046 001 ****61.25

DOCUMENT # 724252 1. Entity Name VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 6825 WEST FLAGLER STREET MIAMI FL 33144-2833 US			Mailing Address 6825 WEST FLAGLER STREET MIAMI FL 33144-2833 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LOURDES, ABRAHAM 6825 W FLAGLER ST APT 206 MIAMI FL 33144				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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					
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
TITLE	NAME				
STREET ADDRESS	CITY - ST - ZIP				
	☐ Change ☐ Addition				
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 like empowered.					
SIGNATURE: <u>LOURDES ABRAHAM</u> <u>LOURDES ABRAHAM</u> <u>3/24/03</u> <u>W: (305) 643-760</u>					