



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000000927 1. Entity Name VALENCIA AT MINZER COUNTRY CLUB NEIGHBORHOOD ASSOCIATION, INC.	
--	---

Principal Place of Business 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446	Mailing Address 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446
---	---

DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1034292	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT
 1215 E. HILLSBORO BLVD.
 DEERFIELD BEACH, FL 33441

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000787210
 01/17/08-80073-007 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FREIDMAN, HERB 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WINIK, VICTOR 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROSENSTEIN, SAM 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TINTENFASS, MARLYN 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARASH, MAXINE 16102 MIZNER CLUB DR DELRAY BEACH, FL 33446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Herb Freidman Pres Date: 1/14/08 Daytime Phone #: 561-496-1941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sam Rosenstein for Pres