

N02000001047

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 28 AM 8:00

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

DOCUMENT # N02000001047

1. Entity Name
VALENCIA PHASE III PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business: 2600 N. MILITARY TRAIL, STE. 100, BOCA RATON, FL 33431
Mailing Address: 2600 N. MILITARY TRAIL, STE. 100, BOCA RATON, FL 33431

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State
Zip: Zip Country: Zip Country

4. FEI Number: Approved For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CORPORATION SERVICE COMPANY, 1201 HAYS ST., TALLAHASSEE, FL 32301
7. Name and Address of New Registered Agent: 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: _____ DATE: _____

FILE NOW FREE IS (01/25) 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: Director NAME: Warren J. Durkin Jr. STREET ADDRESS: 1110 Northchase Pkwy Suite 150 CITY-ST-ZIP: Marietta, GA 30067	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Jason McArthur STREET ADDRESS: same as above	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Director NAME: Tia Hines STREET ADDRESS: same as above	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(d), Florida Statutes. I further certify that the information included 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 the employees.

SIGNATURE: Elizabeth L. Glover 4-01-03 770-951-8989

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04/10/03--01057--021 **11.25

CHECK HERE IF MAKING CHANGES *MRS*

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CREATED (10/02)