


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90403 032 ****70.00

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1. Entity Name
VALENCIA PALMS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071-6039

Mailing Address
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071-6039

50008243



2. Principal Place of Business
1600 SAWGRASS CORP PKWY SUITE 300
SUNRISE, FL 33323

3. Mailing Address
1600 SAWGRASS CORP PKWY SUITE 300
SUNRISE, FL 33323

3012006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-1192147

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
HELFMAN, STEVEN M
1401 UNIVERSITY DR SUITE 200
CORAL SPRINGS, FL 33071-6039

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6L HOMES
1600 SAWGRASS CORP PKWY STE 300
City SUNRISE FL Zip Code 33323

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

Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FOWLER, THERESA 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS, FL 330716039 <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	VD DEPLAZA, MARCIE 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS, FL 330716039 <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	STD MENENDEZ, N. MARIA 1401 UNIVERSITY DR SUITE 200 CORAL SPRINGS, FL 330716039 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven Fowler 3/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #