

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90030 040 ****70.00

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01092008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1192147 Applied For Not Applicable

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

DOCUMENT # N04000005412
 1. Entity Name
VALENCIA PALMS PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
 6750 SUMMERLAND BLVD
 DELRAY BEACH, FL 33446

Mailing Address
 6750 SUMMERLAND BLVD
 DELRAY BEACH, FL 33446

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent
 LANG MANAGEMENT COMPANY, INC.
 21045 COMMERCIAL TRAIL
 BOCA RATON, FL 33486

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 _____
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, 2008

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	P	<input type="checkbox"/> Delete
NAME	SCHAFFEL, EUGENE	
STREET ADDRESS	6750 Summerland Blvd.	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BRAFMAN, MILTON	
STREET ADDRESS	7453 CARMELA WAY	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WESSLER, STEVE	
STREET ADDRESS	6628 DANA POINT COVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	1st Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Gerson	
STREET ADDRESS	6750 Summerland Blvd.	
CITY-ST-ZIP	DeLray Beach, FL 33446	
TITLE	2nd Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sam millman	
STREET ADDRESS	6750 Summerland Blvd	
CITY-ST-ZIP	DeLray Beach, FL 33446	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elayne Hvatt	
STREET ADDRESS	6750 Summerland Blvd	
CITY-ST-ZIP	DeLray Beach, FL 33446	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Paker	
STREET ADDRESS	6750 Summerland Blvd	
CITY-ST-ZIP	DeLray Beach, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Eugene Schaffel 2/1/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #