## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000005412

FILED Mar 12, 2009 Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 6750 SUMMERLAND BLVD DELRAY BEACH, FL 33446 **Current Mailing Address: New Mailing Address:** 6750 SUMMERLAND BLVD DELRAY BEACH, FL 33446 FEI Number: 20-1192147 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANG MANAGEMENT COMPANY, INC. 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SCHAFFEL, EUGENE Name: Name: 13633 VENICE BEACH POINT Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: 2VP () Delete Title: 1VP (X) Change ( ) Addition MILLMAN, SAM Name: GERSON, JIM Name: Address: 6750 SUMMERLAND BLVD Address: 7000 IMPERIAL BEACH CIRCLE City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446 Title: () Delete Title: (X) Change ( ) Addition HYATT, ELAYNE HYATT, ELAYNE Name: Name: 6750 SUMMERLAND BLVD 7080 IMPERIAL BEACH CIRCLE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446 Title: 1VP Title: 2VP (X) Change ( ) Addition () Delete GERSON, JIM Name: Name: BAKER, WILLIAM 6750 SUMMERLAND BLVD 6879 IMPERIAL BEACH CIRCLE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446 Title: () Delete Title: (X) Change ( ) Addition BAKER, BILL BLUESTEIN, MAX Name: Name: 6750 SUMMERLAND BLVD 13147 ALISO BEACH DRIVE Address: Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE SCHAFFEL PRES 03/12/2009