

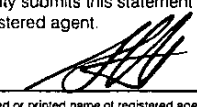
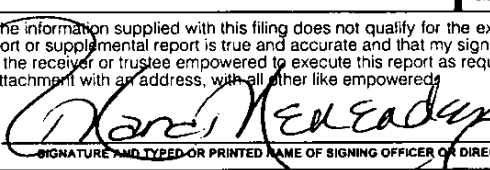


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90225 034 ****61.25

DOCUMENT # N05000008319					
1. Entity Name VALENCIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614			Mailing Address 3434 COLWELL AVENUE SUITE 200 TAMPA, FL 33614		
2. Principal Place of Business - No P.O. Box # 1600 Sawgrass Corp Pkwy		3. Mailing Address Suite, Apt. #, etc. Suite 230			
Suite, Apt. #, etc. Suite 230		Suite, Apt. #, etc. Suite 230		04092008 Chg-NP CR2E037 (12/06)	
City & State Sunrise, FL		City & State Sunrise, FL		4. FEI Number 20-3311190	
Zip 33323		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIZZETTA & COMPANY, INC. 3434 COLWELL AVENUE SUITE 200 TAMPA, FL FL			7. Name and Address of New Registered Agent Name: Steven M. Helfman, Esq. Street Address (P.O. Box Number is Not Acceptable): 1600 Sawgrass Corp Pkwy, Suite 230 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: 				DATE: 4/21/08	
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. <input type="checkbox"/> \$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	P LUFKIN, MARISA 4927 SAPHIRE SOUND DRIVE WIMAUMA, FL 33598	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COSTELLO, RICHARD A 4927 SAPHIRE SOUND DRIVE WIMAUMA, FL 33598	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST MENENDEZ, MARIA 1600 SAWGRASS CORP. PKWY, SUITE 300 FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Patricia Campbell 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MENENDEZ, N. MARIA 1600 Sawgrass Corp Pkwy, #230 Sunrise, FL 33323	<input checked="" 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"/> Change <input type="checkbox"/> Addition			
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 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: 				DATE: 4/28/08 954-753-1730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					