

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N49147 (4)**

1. Corporation Name

**VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P O BOX 678412  
ORLANDO FL 32867-8412  
US

P OBOX 678412  
ORLANDO FL 32867-8412  
US

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 9103 Brad Court

2a. Mailing Address

26 9804 E. Colonial Dr.

4. FEI Number

59-3182209

Applied For

Not Applicable

Suite, Apt. #, etc.

22  
City & State  
23 Orlando, FL 32825

Suite, Apt. #, etc.

27 (P.O. Box 677307)  
City & State  
28 Orlando, FL 32817

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip Country 25

29 Zip Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

VITALE, MICHAEL  
514 VALENCIA PLACE CIRCLE  
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name Joseph E. Frasca R.A.  
82 Street Address (P.O. Box Number is Not Acceptable) 9804 E. Colonial Dr.  
83  
84 City Orlando, FL 85 Zip Code 32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joseph E. Frasca

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

*Joseph E. Frasca* 4/26/96

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	NICKERSON, ROXANNE	
STREET ADDRESS	9103 BRAD CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VITALE, MICHAEL	
STREET ADDRESS	514 VALENCIA PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CALHOUN, WILLIAM	
STREET ADDRESS	502 VALENCIA PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BALAO, TRACI	
STREET ADDRESS	610 VALENCIA PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howell, Art	
2.3 STREET ADDRESS	9012 Kim Court	
2.4 CITY-ST-ZIP	Orlando, FL 32825	
3.1 TITLE	s	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Spadaro, Trina	
3.3 STREET ADDRESS	9108 Brad Court	
3.4 CITY-ST-ZIP	Orlando, FL 32825	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Puig, Rafael	
4.3 STREET ADDRESS	635 Valencia Place Circle	
4.4 CITY-ST-ZIP	Orlando, FL 32825	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	600001863806	
5.3 STREET ADDRESS	-06/17/96--01047--005	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roxanne Nickerson*  
Roxanne Nickerson - President

Date

4/29/96

Daytime Phone #

(407) 381-6178

CR2E037 (12/95)