

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000467

1. Entity Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90062 013 ****61.25

Principal Place of Business

444 WEST NEW ENGLAND AVENUE
SUITE B
WINTER PARK FL 32789
US

Mailing Address

444 WEST NEW ENGLAND AVENUE
SUITE B
WINTER PARK FL 32789
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3232374

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIS, KEVIN M
444 WEST NEW ENGLAND AVENUE
SUITE B
WINTER PARK FL 32789

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DALBO, FRANK ☐ Delete
STREET ADDRESS 720 MCLEAN COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME ADANI, MICHAEL ☐ Delete
STREET ADDRESS 721 MCLEAN COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE STD
NAME Adani, Michael ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME TORRES, PAULETTE ☐ Delete
STREET ADDRESS 830 MCLEAN COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE VD
NAME Torres, Paulette ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TORRES, PAULETTE, SEC.

3/5/02 407-661-5815

CR2E037 (9/01)