

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90025 003 ****61.25



DOCUMENT # N96000002767

1. Entity Name

LA VALENCIA TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business
1853 JEFFERSON AVE.
MIAMI BEACH FL 33139

Mailing Address
1853 JEFFERSON AVE.
MIAMI BEACH FL 33139



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0683393

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON, JEFF
1853 JEFFERSON AVE
MIAMI FL 33139

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

Jeff Gordon

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
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PRES
NAME: BRODY, JEAN E Delete
STREET ADDRESS: 1853 JEFFERSON AVE.
CITY-ST-ZIP: MIAMI BEACH FL 33139

TITLE: *pres*
NAME: *Jonathan Speaker* Change Addition
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DV Delete
NAME: BERMAN, ARRON
STREET ADDRESS: 1853 JEFFERSON AVE.
CITY-ST-ZIP: MIAMI BEACH FL 33139

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

TITLE: DT Delete
NAME: GORDON, JEFF
STREET ADDRESS: 1853 JEFFERSON AVE
CITY-ST-ZIP: MIAMI BEACH FL 33139

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:

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 exemptions contained in Section 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:

Jeff Gordon

1-27-6

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