FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N49147** **(4)**

1. Corporation Name

VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business
~~7491 CONROY WINDERMERE ROAD~~
~~ORLANDO FL 32835~~

Mailing Address
~~7491 CONROY WINDERMERE ROAD~~
~~ORLANDO FL 32835~~

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3182209 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21 P.O. Box 678412
Suite, Apt. #, etc.
22 ORLANDO, FLORIDA
City & State
23 32867-8412
Zip 24 — Country 25

2a. Mailing Address
26 P.O. Box 678412
Suite, Apt. #, etc.
27 ORLANDO, FL.
City & State
28 32867-8412
Zip 29 — Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~JULIAN, CARL~~
~~7491 CONROY WINDERMERE ROAD~~
~~ORLANDO FL 32835~~

10. Name and Address of New Registered Agent

81 Name: VITALE, Michael
82 Street Address (P.O. Box Number is Not Acceptable): 514 Valencia Place Circle
83 ~~[illegible]~~
84 City: Orlando — FL — 85 Zip Code: 32825

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Michael Vitale (President) — 2-18-95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when nonstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~JULIAN, CARL~~
STREET ADDRESS	~~7491 CONROY WINDERMER RD~~
CITY-ST-ZIP	~~ORLANDO FL~~
TITLE	D
NAME	~~WEIXLER, JAMES~~
STREET ADDRESS	~~7491 CONROY WINDERMER RD~~
CITY-ST-ZIP	~~ORLANDO FL~~
TITLE	D
NAME	~~YOUNG, MICHAEL D~~
STREET ADDRESS	~~7491 CONROY WINDERMER RD~~
CITY-ST-ZIP	~~ORLANDO FL~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	☑ Change ☐ Addition
12 NAME	Roxanne Nickerson	
13 STREET ADDRESS	9103 Brad Court	
14 CITY-ST-ZIP	Orlando, FL. 32825	
21 TITLE	D	☑ Change ☐ Addition
22 NAME	Michael Vitale	
23 STREET ADDRESS	514 Valencia Place Circle	
24 CITY-ST-ZIP	Orlano, FL. 32825	
31 TITLE	D	☑ Change ☐ Addition
32 NAME	William Calhoun	
33 STREET ADDRESS	502 Valencia Place Circle	
34 CITY-ST-ZIP	Orlando, FL. 32825	
41 TITLE	D	☑ Change ☐ Addition
42 NAME	Traci Balao	
43 STREET ADDRESS	610 Valencia Place Circle	
44 CITY-ST-ZIP	Orlando, FL. 32825	
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: 2-18-95 407-382-7764
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004399