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
Suite, Apt. #, etc. 22
City & State 23 Orlando, FL 32825
Zip 24 Country 25

2a. Mailing Address
26 9804 E. Colonial Dr.
Suite, Apt. #, etc. 27 (P.O. Box 677307)
City & State 28 Orlando, FL 32817
Zip 29 Country 30

4. FEI Number: 59-3182209 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 — Joseph E. Frasca — DATE 4/26/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NICKERSON, ROXANNE 9103 BRAD CT ORLANDO FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D P	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VITALE, MICHAEL 514 VALENCIA PLACE CIRCLE ORLANDO FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V D Howell, Art 9012 Kim Court Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALHOUN, WILLIAM 502 VALENCIA PLACE CIRCLE ORLANDO FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S D Spadaro, Trina 9108 Brad Court Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALAO, TRACI 610 VALENCIA PLACE CIRCLE ORLANDO FL	X ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T D Puig, Rafael 635 Valencia Place Circle Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	600001863806 -06/17/96--01047--005 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	05-01-96072	☐ Change ☐ Addition

CR2E037 (12/95)

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: Roxanne Nickerson — Roxanne Nickerson President — 4/29/96 — (407) 381-6178
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #