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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
9103 BRAD COURT ORLANDO FL 32825 US	P.O. BOX 677307 ORLANDO FL 32867-7307 US

3. Date Incorporated or Qualified: 06/01/1992
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 490 Valencia Place Cr.
Suite, Apt. #, etc. 22
City & State 23 Orlando, Fl.
Zip 24 32825 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
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

FRASCA, JOSEPH E
9804 E. COLONIAL DR.
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name: Frasca, Joseph E.
82 Street Address (P.O. Box Number is Not Acceptable): 9816 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 _____ DATE
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	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☒ Addition
NAME	NICKERSON, ROXANNE		1.2 NAME	Hitchcock, Joseph	
STREET ADDRESS	9103 BRAD CT		1.3 STREET ADDRESS	490 Valencia Place Cr.	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	Orlando, Fl 32825	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	HOWELL, ART		2.2 NAME	Balencie, Matt	
STREET ADDRESS	9012 KIM COURT		2.3 STREET ADDRESS	520 Valencia Place Cr.	
CITY-ST-ZIP	ORLANDO FL 32825		2.4 CITY-ST-ZIP	Orlando, Fl. 32825	
TITLE	SD	☒ DELETE	3.1 TITLE	S/T/D	☐ Change ☒ Addition
NAME	SPADARO, TRINA		3.2 NAME	Cathy Tiedge	
STREET ADDRESS	9108 BRAD COURT		3.3 STREET ADDRESS	568 Valencia Place Cr.	
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP	Orlando, Fl. 32825	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PUIG, RAFAEL		4.2 NAME		
STREET ADDRESS	635 VALENCIA PLACE CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32825		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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] Joseph Hitchcock 1-14-97 (407) 381-5971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #