

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N02443

1. Entity Name

VALENCIA HILLS HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90069 004 ****61.25

Principal Place of Business

7523 ALOMA AVE
210
WINTER PARK FL 32792
US

Mailing Address

P.O. BOX 677307
ORLANDO FL 32867-7307
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

59-3014937

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

FRASCA, JOSEPH E.
7523 ALOMA AVE
SUITE 210
WINTER PARK FL 32792

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 ☐ Delete
NAME D
STREET ADDRESS LEPPMAN, PETER
CITY-ST-ZIP 7797 PINEAPPLE DR
ORLANDO FL 32835

TITLE ☒ Change ☐ Addition
NAME TD
STREET ADDRESS Peter Leppman
CITY-ST-ZIP 7797 Pineapple Dr
Orlando, FL 32835

TITLE ☐ Delete
NAME SD
STREET ADDRESS MEADOWS, SUSAN
CITY-ST-ZIP 7756 JAFFA DRIVE
ORLANDO FL 32835

TITLE ☐ Change ☒ Addition
NAME PD
STREET ADDRESS John Meadows
CITY-ST-ZIP 7756 Jaffa Drive
Orlando, FL 32835

TITLE ☐ Delete
NAME PD
STREET ADDRESS BEASLEY, NORMA
CITY-ST-ZIP 7766 PINEAPPLE DR
ORLANDO FL 32835

TITLE ☒ Change ☐ Addition
NAME D
STREET ADDRESS Norma Beasley
CITY-ST-ZIP 7766 Pineapple Dr
Orlando, FL 32835

TITLE ☒ Delete
NAME VD
STREET ADDRESS GAUSMAN, CHRISTIAN
CITY-ST-ZIP 7948 MURCOTT CT
ORLANDO FL 32835

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

TITLE ☐ Delete
NAME D
STREET ADDRESS NALL, JOE
CITY-ST-ZIP 7700 PINEAPPLE DR
ORLANDO FL

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

TITLE ☐ Delete
NAME D
STREET ADDRESS SPENCE, LARRY
CITY-ST-ZIP 7828 MURCOTT CIR
ORLANDO FL

TITLE ☒ Change ☐ Addition
NAME VD
STREET ADDRESS Larry Spence
CITY-ST-ZIP 7828 Murcott Circle
Orlando, FL 32835

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)