2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90095-029-$61.25-$61.25

DOCUMENT # N94000000467

1. Entity Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.

FILED

00 JUN -9 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2180 PARL AVENUE. N. SUITE 326 WINTER PARK FL 32789 US	2180 PARK AVENUE. N. SUITE 326 WINTER PARK FL 32789-2358 US

2. Principal Place of Business	3. Mailing Address
444 West New England Avenue	444 West New England Avenue
Suite, Apt. #, etc. B	Suite, Apt. #, etc. B
City & State: Winter Park Florida	City & State: Winter Park, Florida
Zip: 32789 Country: USA	Zip: 32789 Country: USA

4. FEI Number: 59-3232374 ☐ 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
JORDAN, BRETH M 2180 N PARK AVE SUITE 326 WINTER PARK FL 32792	Name: KEVIN M. DAVIS Street Address (P.O. Box Number is Not Acceptable): 444 West New England Avenue, Suite B Winter Park, Fla City: Winter Park FL Zip Code: 32789

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: _____ Kevin M. Davis 4/24/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBELS, JORGE 835 MCCLEAN CT ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBLES, JORGE 835 McLean COURT ORLANDO, FL 32825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHUSTER, DARYL 724 MCCLEAN CT. ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Hankins, Marilyn 713 McLean Court Orlando, FL 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HOLLOWAY, MICHAEL 713 MCCLEAN CT ORLANDO FL 32825-6364	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Schuster, Daryl 724 McCleanCt. Orlando, FL 32825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	LS	☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Marilyn Hankins 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #