

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State

0024795

DOCUMENT # N94000000467

1. Entity Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.

04-10-2001 90127 044 ****61.25

Principal Place of Business

Mailing Address

**444 WEST NEW ENGLAND AVENUE
 SUITE B
 WINTER PARK FL 32789
 US**

**444 WEST NEW ENGLAND AVENUE
 SUITE B
 WINTER PARK FL 32789
 US**

C0044156



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3232374

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DAVIS, KEVIN M
 444 WEST NEW ENGLAND AVENUE
 SUITE B
 WINTER PARK FL 32789**

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 **PD ROBLES, JORGE**
 STREET ADDRESS **835 MCCLEAN CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☒ Addition
 NAME **PD Frank Onlbo**
 STREET ADDRESS **720 McLean Ct**
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☒ Delete
 NAME **D SCHUSTER, DARYL**
 STREET ADDRESS **724 MCCLEAN CT.**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☒ Addition
 NAME **VD MICHAEL ADAMI**
 STREET ADDRESS **721 McLean Court**
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☒ Delete
 NAME **STD HANKINS, MARILYN**
 STREET ADDRESS **713 MCCLEAN CT**
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☐ Change ☒ Addition
 NAME **SD PAULETTE TORRES**
 STREET ADDRESS **830 McLean Court**
 CITY-ST-ZIP **Orlando, FL 32825**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

3/26/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)