

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90101 033 ****61.25

DOCUMENT # N49147

1. Entity Name

VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7523 ALOMA AVE
 #210
 WINTER PARK FL 32792
 US

P.O. BOX 677307
 ORLANDO FL 32867-7307
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4962 N. Palm Ave
 Suite, Apt. #, etc.
 Winter Park, FL
 City & State

Suite, Apt. #, etc.

City & State

4. FEI Number
59-3182209

Applied For
 Not Applicable

Zip
32792-9111 Country
US

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

FRASCA, JOSEPH
 7523 ALOMA AVENUE SUITE 210
 WINTER PARK FL 32792

Name
Joseph Frasca
 Street Address, P.O. Box Number (if Not Applicable)
90 Preferred Community Management
4962 N. Palm Avenue
Winter Park FL 32792-9111

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 Joseph Frasca **JOSEPH FRASCA** 1/21/02
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	STD FROST, SUSAN 629 VALENCIA PL. CIR ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOWBRY, JOHN 556 VALENCIA PL CR ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARSDEN, JOHN 436 VALENCIA PLACE CI ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP STOUGH, JASON 622 VALENCIA PLACE CIR ORLANDO FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BRACH 622 VALENCIA PLACE CIR ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARA L. WALL 460 VALENCIA PLACE CIRC ORLANDO, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JOHN MARSDEN **JOHN MARSDEN** 1/23/02 907-273-5562

CR2E037 (9/01)