


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90179 002 \*\*\*\*61.25

<b>DOCUMENT #</b> N05000000865	
<b>1. Entity Name</b> VALENCIA POINTE MASTER ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071	<b>Mailing Address</b> 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071
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<b>2. Principal Place of Business</b> 1600 Sawgrass Corp. Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise FL Zip 33323 Country USA	<b>3. Mailing Address</b> 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300 City & State Sunrise FL Zip 33323 Country USA
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40066099



03312006 Chg-NP CR2E037 (11/05)

<b>4. FEI Number</b> 20-2236224	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HELFMAN, STEVEN M ESQ. 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS, FL 33071	
<b>7. Name and Address of New Registered Agent</b> Name: Steven M. Helfman Street Address (P.O. Box Number is Not Acceptable): 1600 Sawgrass Corp Pkwy Suite 300 City: Sunrise FL Zip Code: 33323	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make check payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> FOWLER, THERESA <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE #200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<b>TITLE</b> PD <b>NAME</b> Fowler, Theresa <b>STREET ADDRESS</b> 1600 Sawgrass Corp Parkway <b>CITY-ST-ZIP</b> Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> VD <b>NAME</b> DEPLAZA, MARCIE <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE #200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<b>TITLE</b> VD <b>NAME</b> DePlaza Marcie <b>STREET ADDRESS</b> 1600 Sawgrass Corp. Parkway <b>CITY-ST-ZIP</b> Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> N. MARIA MENENDEZ <b>STREET ADDRESS</b> 1401 UNIVERSITY DRIVE #200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	<b>TITLE</b> STD <b>NAME</b> N. Maria Menendez <b>STREET ADDRESS</b> 1600 Sawgrass Corp. Parkway <b>CITY-ST-ZIP</b> Sunrise FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

*N. Maria Menendez* Director Secretary Treasurer 954-753-1730