

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02443

FILED  
Feb 13, 2012  
Secretary of State

**Entity Name:** VALENCIA HILLS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

4962 N. PALM AVE  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 677307  
ORLANDO, FL 328677307 US

**New Mailing Address:**

P.O. BOX 4129  
WINTER PARK, FL 32793 US

**FEI Number:** 59-3014937

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRASCA, JOSEPH E.  
C/O PREFERRED COMMUNITY MANAGEMENT  
4962 N. PALM AVENUE  
WINTER PARK, FL 327929111 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WISEMAN, MORGAN  
Address: 7714 MURCOTT CIR  
City-St-Zip: ORLANDO, FL 32835

Title: PD  
Name: POWERS, SUSAN  
Address: 7792 MURCOTT CIRCLE  
City-St-Zip: ORLANDO, FL 32835

Title: D  
Name: ELLISON, MORRIS  
Address: 7707 MURCOTT CIRCLE  
City-St-Zip: ORLANDO, FL 32835

Title: VD  
Name: BEASLEY, NORMA  
Address: 7766 PINEAPPLE DR  
City-St-Zip: ORLANDO, FL 32835

Title: TSD  
Name: CZERWONKA, ELIZABETH  
Address: 7743 MURCOTT CIR  
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH FRASCA

RA

02/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date