

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N05000008319

**Entity Name:** VALENCIA LAKES PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

16003 VALENCIA CLUB DRIVE  
WIMAUMA, FL 33598

**Current Mailing Address:**

16003 VALENCIA CLUB DRIVE  
WIMAUMA, FL 33598 US

**FEI Number:** 20-3311190

**Certificate of Status Desired:** No

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

MEZER, STEVEN H ESQ.  
BECKER & POLIAKOFF  
1511 N WESTSHORE BLVD SUITE 1000  
TAMPA FL 33607 US

*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:** STEVEN MEZER

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BIERYLA, DOREEN  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title            DIRECTOR  
Name            JANISZEWSKI, ALEXINE  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title            TREASURER  
Name            HATHAWAY, CHRISTOPHER  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title            VP  
Name            DECURTIS, MICHAEL  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title            DIRECTOR  
Name            CIRCOSTA, GEORGE  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title            DIRECTOR  
Name            MOLLMAN, GREG  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

Title            SECRETARY  
Name            MELTZER, MAUREEN  
Address        16003 VALENCIA CLUB DRIVE  
City-State-Zip: WIMAUMA FL 33598

*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:** DOREEN M BIERYLA

**PRESIDENT**

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date