

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

DOCUMENT# N18000013317

**Entity Name:** VALENCIA SOUND HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Nov 06, 2023**  
**Secretary of State**  
**5670391385CC**

**Current Principal Place of Business:**

500 S. AUSTRALIAN AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

500 S. AUSTRALIAN AVENUE  
SUITE 700  
WEST PALM BEACH, FL 33401 US

**FEI Number: 83-3271782**

**Certificate of Status Desired: No**

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

ASSOCIATED CORPORATE SERVICES, LLC  
6111 BROKEN SOUND PARKWAY  
SUITE 200  
BOCA RATON, FL 33487 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: LOUIS CAPLAN, ESQ.**

**11/06/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TEITELBAUM, MARK  
Address        12867 HAVARATI TERRACE  
City-State-Zip: BOYNTON BEACH FL 33473

Title            VP  
Name            LAZARUS, WILLIAM  
Address        9284 SILVER SHORES LANE  
City-State-Zip: BOYNTON BEACH FL 33473

Title            SECRETARY  
Name            BRENNER, DONALD  
Address        13016 PARROT POND ROAD  
City-State-Zip: BOYNTON BEACH FL 33473

Title            TREASURER  
Name            FEINBERG, DAVID  
Address        9885 GREAT BARRIER TRAIL  
City-State-Zip: BOYNTON BEACH FL 33473

Title            DIRECTOR  
Name            FRIEDLAND, SETH  
Address        9771 GOLDEN CRESCENT DRIVE  
City-State-Zip: BOYNTON BEACH FL 33473

Title            DIRECTOR  
Name            KAPLAN, MARTIN  
Address        12673 NEW CALADONIA LANE  
City-State-Zip: BOYNTON BEACH FL

*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: MARK TEITELBAUM**

**PRESIDENT**

**11/06/2023**

Electronic Signature of Signing Officer/Director Detail

Date