

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49147

Entity Name: VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.**Current Principal Place of Business:**4962 N. PALM AVE
WINTER PARK, FL 32792-9111**Current Mailing Address:**P.O. BOX 4129
WINTER PARK, FL 32793 US**FEI Number:** 59-3182209**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRASCA, JOSEPH
C/O PREFERRED COMMUNITY MANAGEMENT
4962 N. PALM AVENUE
WINTER PARK, FL 32792-9111 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP
Name HITCHCOCK, JOSEPH
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name BICE, THOMAS
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name HUNLEY, TANIA L
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name BASTEDO, THOMAS
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title SECRETARY, TREASURER,
DIRECTOR
Name TAYLOR, ERIN L
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR, PRESIDENT
Name STEWART, WILLIAM D
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

Title DIRECTOR
Name DALY, DALIA
Address P.O. BOX 4129
City-State-Zip: WINTER PARK FL 32793

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: WILLIAM STEWART

PRESIDENT

02/21/2014

Electronic Signature of Signing Officer/Director Detail

Date