FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 27 AM 10:50

DOCUMENT # **722230** **(0)**

1. Corporation Name

VALENCIA CONDOMINIUM RESIDENCES ASSOCIATION, INC

Principal Place of Business	Mailing Address
627 ALHAMBRA ROAD VENICE FL 34285-2504	627 ALHAMBRA ROAD VENICE FL 34285-2504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/08/1971**
3a. Date of Last Report: **02/03/1994**
4. FEI Number: **59-1431540** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BOONE, E G
1001 AVENIDA DEL CIRCO
VENICE FL 33595

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PB	11 TITLE	T	☐ Change ☒ Addition
NAME	SCOTT, JOHN C	12 NAME	BUGLIOLI, LOUIS P.	
STREET ADDRESS	629 ALHAMBRA RD 502-N	13 STREET ADDRESS	629 Alhambra Rd. 901-N	
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	Venice, Fl.	
TITLE	D	21 TITLE	S	☐ Change ☒ Addition
NAME	BIRCHENOUGH, WM	22 NAME	KOKES, RUTH	
STREET ADDRESS	631 ALHAMBRA RD 1103-S	23 STREET ADDRESS	631 Alhambra RD. 704-S	
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP	Venice, Fl.	
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	EISENBERG, EDITH	32 NAME	LODGE, ROBERT	
STREET ADDRESS	629 ALHAMBRA RD 1001-N	33 STREET ADDRESS	627 Alhambra Rd. 504-E	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	Venice, Fl.	
TITLE	D	41 TITLE	D	☒ Change ☐ Addition
NAME	BATTISTE, CHARLES	42 NAME	SHEPHERD, HARRY	
STREET ADDRESS	627 ALHAMBRA ROAD 501-E	43 STREET ADDRESS	629 Alhambra Rd.	
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	Venice, Fl.	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BRAUN, WILLIAM	52 NAME		
STREET ADDRESS	627 ALHAMBRA RD 804-E	53 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP		
TITLE	VB	61 TITLE		☐ Change ☐ Addition
NAME	MORROW, JAMES V	62 NAME		
STREET ADDRESS	627 ALHAMBRA RD #104-E	63 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John C Scott
Date _____ Daytime Phone # _____

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