

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722230 (0)
1. Corporation Name
VALENCIA CONDOMINIUM RESIDENCES ASSOCIATION, INC



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1971		3a. Date of Last Report 03/27/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1431540		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	PB	SCOTT, JOHN C	629 ALHAMBRA RD 502-N		SEC.	RUTH KOKES	631 Alhambra Rd. 704-S
		VENICE FL				Venice, Fl. 34285	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	D	BIRCHENOUGH, WM	631 ALHAMBRA RD 1103-S				
		VENICE FL					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	D	EISENBERG, EDITH	629 ALHAMBRA RD 1001-N		TREAS.	LOUIS P. BUGLIOLI	629 Alhambra Rd. 901-N
		VENICE FL				Venice, Fl. 34285	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	D	SHEPHERD, HARRY	629 ALHAMBRA RD		D	ROBERT LODGE	627 Alhambra Rd. 504-E
		VENICE FL				Venice, Fl. 34285	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	D	BRAUN, WILLIAM	627 ALHAMBRA RD 804-E				
		VENICE FL					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	VB	MORROW, JAMES V	627 ALHAMBRA RD #104-E		D	GEORGE SMITH	627 Alhambra Rd. 604-E
		VENICE FL				Venice, Fl. 34285	

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)(k), 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:

Louis P. Buglioli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/96

Date

941-484-2573

Daytime Phone #

CR2E037 (12/95)