

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722230 (0)

1. Corporation Name

VALENCIA CONDOMINIUM RESIDENCES ASSOCIATION, INC

Principal Place of Business

627 ALHAMBRA ROAD
VENICE FL 34285-2504

Mailing Address

627 ALHAMBRA ROAD
VENICE FL 34285-25613. Date Incorporated or Qualified
12/08/19713a. Date of Last Report
03/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

Country

28

29

30

4. FEI Number
59-1431540Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOONE, E G
1001 AVENIDA DEL CIRCO
VENICE FL 33595

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 12

TITLE PB
NAME SCOTT, JOHN C
STREET ADDRESS 629 ALHAMBRA RD 502-N
CITY-ST-ZIP VENICE FL

DELETE

TITLE S
NAME KOKES, RUTH
STREET ADDRESS 631 ALHAMBRA RD, 704 S
CITY-ST-ZIP VENICE FL

DELETE

TITLE D
NAME EISENBERG, EDITH
STREET ADDRESS 629 ALHAMBRA RD 1001-N
CITY-ST-ZIP VENICE FL

DELETE

TITLE D
NAME SHEPHERD, HARRY
STREET ADDRESS 629 ALHAMBRA RD
CITY-ST-ZIP VENICE FL

DELETE

TITLE D
NAME BRAUN, WILLIAM
STREET ADDRESS 627 ALHAMBRA RD 804-E
CITY-ST-ZIP VENICE FL

DELETE

TITLE VB
NAME MORROW, JAMES V
STREET ADDRESS 627 ALHAMBRA RD #104-E
CITY-ST-ZIP VENICE FL

DELETE

1.1 TITLE D
1.2 NAME LODGE, ROBERT G.
1.3 STREET ADDRESS 627 ALHAMBRA RD. 504E
1.4 CITY-ST-ZIP VENICE, FL. 34285

Change Addition

2.1 TITLE D
2.2 NAME SMITH, GEORGE
2.3 STREET ADDRESS 627 ALHAMBRA RD. 604E
2.4 CITY-ST-ZIP VENICE, FL. 34285

Change Addition

3.1 TITLE 7
3.2 NAME BUGLIOLI, LOUIS P.
3.3 STREET ADDRESS 629 ALHAMBRA RD. 901N
3.4 CITY-ST-ZIP VENICE, FL. 34285

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064370

CR2E037 (9/96)

2/13/97 941-485-7596