

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722230** (0)  
1. Corporation Name  
**VALENCIA CONDOMINIUM RESIDENCES ASSOCIATION, INC**



Principal Place of Business <b>627 ALHAMBRA ROAD VENICE FL 34285-2504</b>	Mailing Address <b>627 ALHAMBRA ROAD VENICE FL 34285-2504</b>
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3. Date Incorporated or Qualified <b>12/08/1971</b>	
4. FEI Number <b>59-1431540</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>BOONE, E G 1001 AVENIDA DEL CIRCO VENICE FL 33595</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PB <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, JOHN C	1.2 NAME	D
STREET ADDRESS	629 ALHAMBRA RD 502-N	1.3 STREET ADDRESS	SCOTT, JOHN C
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	629 ALHAMBRA RD. VENICE, FL 34285
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOKES, RUTH	2.2 NAME	PB
STREET ADDRESS	631 ALHAMBRA RD, 704 S	2.3 STREET ADDRESS	GEORGE F. SMITH
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	627 ALHAMBRA RD. 604-E
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBERG, EDITH	3.2 NAME	VENICE, FL. 34285
STREET ADDRESS	629 ALHAMBRA RD 1001-N	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEPHERD, HARRY	4.2 NAME	
STREET ADDRESS	629 ALHAMBRA RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAUN, WILLIAM	5.2 NAME	
STREET ADDRESS	627 ALHAMBRA RD 804-E	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE	VB <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, JAMES V	6.2 NAME	D
STREET ADDRESS	627 ALHAMBRA RD #104-E	6.3 STREET ADDRESS	MORROW, JAMES V.
CITY-ST-ZIP	VENICE FL	6.4 CITY-ST-ZIP	627 ALHAMBRA RD. 104-E

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(b) 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: \_\_\_\_\_ DATE: MAR 14 1998 041485-7596