

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722230

1. Entity Name

VALENCIA CONDOMINIUM RESIDENCES ASSOCIATION, INC

Principal Place of Business

627 ALHAMBRA ROAD
VENICE FL 34285-2504

Mailing Address

627 ALHAMBRA ROAD
VENICE FL 34285-2561

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1431540

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOONE, E G
1001 AVENIDA DEL CIRCO
VENICE FL 33595

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME SCOTT, JOHN C
STREET ADDRESS 629 ALHAMBRA RD 502-N
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS 631 Alhambra Rd. 702-S
CITY-ST-ZIP Venice, Fl. 34285

TITLE PD ☐ Delete
NAME SMITH, GEORGE F
STREET ADDRESS 627 ALHAMBRA RD, 604-E
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Robert Lodge
CITY-ST-ZIP 627 Alhambra Rd. 504E
Venice, Fl. 34285

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

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Robert Lodge
CITY-ST-ZIP 627 Alhambra Rd. 504E
Venice, Fl. 34285

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP Venice, Fl. 34285

TITLE D ☐ Delete
NAME BUGLIOLI, LOUIS P
STREET ADDRESS 629 ALHAMBRA RD 901N
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS Robert Pietsch
CITY-ST-ZIP 631 Alhambra Rd. 1004S
Venice, Fl. 34285

TITLE D ☐ Delete
NAME KOKES, RUTH
STREET ADDRESS 631 ALHAMBRA RD 504E
CITY-ST-ZIP VENICE FL 34285

TITLE ☒ Change ☐ Addition
NAME SEC
STREET ADDRESS Ruth Kokes
CITY-ST-ZIP 631 Alhambra Rd. 704S
Venice, Fl. 34285

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941) 483-4489

CR2E037 (9/99)