

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2002 8:00 am  
Secretary of State

02-21-2002 90068 017 \*\*\*\*61.25

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 34285-2504

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

KANETSKY, MOORE & DEBOER, P.A.  
227 NOKOMIS AVENUE S  
VENICE FL 34284-1767

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS DICUS, HAROLD  
CITY-ST-ZIP 629 ALHAMBRA RD. 701-N  
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  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LURIE, MARVIN  
STREET ADDRESS 627 ALHAMBRA RD  
CITY-ST-ZIP VENICE FL 34285

TITLE ☒ Change ☐ Addition  
NAME 7  
STREET ADDRESS LURIE, MARVIN  
CITY-ST-ZIP 627 ALHAMBRA RD. 304E  
VENICE, FL. 34285

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS PACK, JOANN  
CITY-ST-ZIP 631 ALHAMBRA RD. 702S  
VENICE, FL. 34285

TITLE S ☐ Delete  
NAME KOKES, RUTH  
STREET ADDRESS 631 ALHAMBRA RD 704S  
CITY-ST-ZIP VENICE FL 34285

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS PIETSCH, ROBERT  
CITY-ST-ZIP 631 ALHAMBRA RD. 1004S  
VENICE, FL. 34285

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(b), 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

2/2/02

Date

941 485-7596

Daytime Phone #

CR2E037 (9/01)