

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90179 014 ****70.00

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 Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-1431540			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CLENATHEN, CHARD M 1820 RINGLING BLVD. SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name McClenathen, CHAD M. Street Address (P.O. Box Number is Not Acceptable) 1820 RINGLING BLVD City SARASOTA FL Zip Code 34236	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Edna M. Ertel</i> (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABOM, JOHN <input checked="" type="checkbox"/> Delete 21 BERKELEY COURT DOYLESTOWN, PA 18901		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JAMES V. MORROW 627 ALHAMBRA RD. APT. 104E VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PETERS, RICHARD 2851 MADRID AVE E JACKSONVILLE, FL 32217		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CAROLE ABOM 21 BERKELEY COURT DOYLESTOWN, PA 18901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete LODGE, ROBERT 627 ALHAMBRA RD., 504-E VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BETTY SCOTT 631 ALHAMBRA RD APT. 504S VENICE, FL 34285	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete MACINNIS, DORIS 629 ALAHAMBRA RD #203N VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PACK, JOANN 631 ALHAMBRA RD. 702-S VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete ERTEL, EDNA 627 ALHAMBRA 1002-E VENICE, FL 34285		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Edna M. Ertel</i> Edna M. Ertel Treas. 02/17/05 485-7596 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					