2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2006 8:00 am Secretary of State

DOCUMENT # 724252 1. Entity Name VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.					^		006 90025 (
	e of Business FLAGLER STREET 3144-2833 US		ing Address 25 WEST FLAGLER STREET AMI, FL 33144-2833 US		£990000				
					16190		nummi		mı
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address						
Suite, Apt. #, etc.		Suite, Apt, #, etc.	Suite, Apt, #, etc.		01132006	Chg-NP	CR2E0	37 (11/ 05)	
City & State		City & State		····	4. FEI Number 59-143	2062	 	 	pplied For ot Applicable
Zip	Country	Złp	Country			of Status Desir	ed 🗍	\$8.75 Add	ditional
 	6. Name and Address of Current R	egistered Agent	1		7. Name and	Address of N	ow Registered	Fee Require	90
				7. Name and Address of New Registered Agent Name					
LOURDES, ABRHAM 6825 W FLAGLER ST APT 206			Stre	Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33144									
			Cit	ly FI Zip Code					
8. The above	named entity submits this statement for	the purpose of changing its	registered offi	ice or registe	red agent, or bot	h, in the State	• •		, and accept
the obligat	ions of registered agent.		_	_	•				·
0.04.1.7.175			_		-		4		
SIGNATURE	Signature, typed or printed name of registered agent at	nd title if applicable. (NOT	E: Registered Agent	t signature require	when reinstating)		DATE		·····
SIGNATURE	Signature, typed or printed name of registered epont as: FIHING Poe is \$61.25	nd (tile V applicable. gNOT		ing _		e	A 70 % vádo	:k payable 1	to .
SIGIVATURE	Filing Fee is \$61.25 Due by May 1, 2006	9, Election Cal Trust Fund (\$5.00 May B Added to Fees	e	A 70 % vádo		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 LOURDES ABRAHAM 1/13/06 HI (305) 367-38/