

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724252

FILED  
Feb 23, 2009  
Secretary of State

**Entity Name:** VALENCIA TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6825 WEST FLAGLER STREET  
MIAMI, FL 331442849 US

**New Principal Place of Business:**

**Current Mailing Address:**

6825 WEST FLAGLER STREET  
MIAMI, FL 331442849 US

**New Mailing Address:**

**FEI Number:** 59-1432062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ABRAHAM, LOURDES  
6825 W FLAGLER ST. APT 206  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: ABRAHAM, LOURDES  
Address: 6825 W FLAGLER ST APT. 206  
City-St-Zip: MIAMI, FL 33144 US

Title: V ( ) Delete  
Name: DEVARONA, LILIE O  
Address: 6825 W. FLAGLER ST. APT 105  
City-St-Zip: MIAMI, FL 331442830 US

Title: PD ( ) Delete  
Name: PARADELA, RAMON  
Address: 6825 W. FLAGLER ST. APT. 310  
City-St-Zip: MIAMI, FL 33144 US

Title: VS ( ) Delete  
Name: GUTIERREZ, MARISA  
Address: 6825 W. FLAGLER ST. APT. 303  
City-St-Zip: MIAMI, FL 33144 US

Title: VT ( ) Delete  
Name: GALVEZ, LUISA  
Address: 6825 WEST FLAGLER ST. APT. 406  
City-St-Zip: MIAMI, FL 331442830 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOURDES ABRAHAM

STD

02/23/2009

Electronic Signature of Signing Officer or Director

Date