2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# 727501

Entity Name: THE VALENCIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

151 CALHOUN AVENUE
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

151 CALHOUN AVENUE
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-1777218 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WATERS, CHARLES
151 CALHOUN AVE, #507
DESTIN, FL 32541 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:	VP	( ) Delete
Name:	HARRELSON, RICK	
Address:	307 THE VALENCIA	
City-St-Zip:	DESTIN, FL 32541	
Title:	T	( ) Delete
Name:	HALLMARK, JAMES	
Address:	603 THE VALENCIA	
City-St-Zip:	DESTIN, FL 32541	
Title:	D	( ) Delete
Name:	TURNER, JW	
Address:	407 THE VALENCIA	
City-St-Zip:	DESTIN, FL 32541	
Title:	P	( ) Delete
Name:	ROGERS, TOM	
Address:	208 THE VALENCIA	
City-St-Zip:	DESTIN, FL 32541	
Title:	S	( ) Delete
Name:	GLADDEN, BENNIE	
Address:	169 KEL WEN CIRCLE	
City-St-Zip:	DESTIN, FL 00000	
Title:	D	( ) Delete
Name:	WATERS, CHARLES	
Address:	507 THE VALENCIA	
City-St-Zip:	DESTIN, FL 32541	

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:	
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: TOM ROGERS P 03/13/2009

Electronic Signature of Signing Officer or Director — Date