

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728949 (9)
1. Corporation Name
VALENCIA VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

26 N. VALENCIA DR.
DAVIE FL 33324

Mailing Address

26 N. VALENCIA DR.
DAVIE FL 33324

3. Date Incorporated or Qualified
02/22/1974

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-1614649

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POLIAKOFF, GARY A.
3111 STERLING RD
FT. LAUDERDALE FL 33312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME LUPO, THERESA
STREET ADDRESS 8 N. VALENCIA DR.
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE VD
NAME RUBENSTEIN, MARVIN
STREET ADDRESS 31 SEVILLE CIR
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE SD
NAME CAIRNS, RAYMOND
STREET ADDRESS 40 MATADOR LN
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE VD
NAME ~~MICHAELS, WENDY~~
STREET ADDRESS ~~19 MADRID LANE~~
CITY-ST-ZIP ~~DAVIE FL~~

☒ DELETE

TITLE PD
NAME ROSENTHAL, ALLEN
STREET ADDRESS 44 SEVILLE CIRCLE
CITY-ST-ZIP DAVIE FL

☐ DELETE

TITLE D
NAME STEVENS, THOMAS
STREET ADDRESS 5 MADRID LN
CITY-ST-ZIP DAVIE FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

Allen Rosenthal, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(954) 473-4405
Daytime Phone #

CR2E037 (12/95)