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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
26 N. VALENCIA DR. 26 N. VALENCIA DR.
DAVIE FL 33324 DAVIE FL 33324-5452

3. Date Incorporated or Qualified 02/22/1974 3a. Date of Last Report 05/01/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
POLIAKOFF, GARY A.
3111 STERLING RD
FT. LAUDERDALE FL 33312
10. Name and Address of New Registered Agent
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 reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE D ☒ DELETE
NAME LUPO, THERESA
STREET ADDRESS 8 N. VALENCIA DR.
CITY-ST-ZIP DAVIE FL
TITLE VD ☐ DELETE
NAME RUBENSTEIN, MARVIN
STREET ADDRESS 31 SEVILLE CIR
CITY-ST-ZIP DAVIE FL
TITLE SD ☒ DELETE
NAME CAIRNS, RAYMOND
STREET ADDRESS 40 MATADOR LN
CITY-ST-ZIP DAVIE FL
TITLE D ☐ DELETE
NAME RODNEY BERG
STREET ADDRESS 50 MADRID LANE
CITY-ST-ZIP DAVIE FL
TITLE PD ☐ DELETE
NAME ROSENTHAL, ALLEN
STREET ADDRESS 44 SEVILLE CIRCLE
CITY-ST-ZIP DAVIE FL
TITLE D ☐ DELETE
NAME STEVENS, THOMAS
STREET ADDRESS 5 MADRID LN
CITY-ST-ZIP DAVIE FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME SELMA ROSENTHAL
1.3 STREET ADDRESS 44 SEVILLE CIR
1.4 CITY-ST-ZIP DAVIE FL 33324
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME BARBARA SCHUMACKER
3.3 STREET ADDRESS 17 CARTER WAY
3.4 CITY-ST-ZIP DAVIE, FL 33324
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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 recorder 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 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Morthahn* 4/10/97 19521413-4415

CR2E037 (9/96)