

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90058 044 ****61.25

DOCUMENT # 728949

1. Entity Name

VALENCIA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

26 N. VALENCIA DR.
 DAVIE FL 33324

% THE CONTINENTAL GROUP
 1067 SHOTGUN RD.
 SUNRISE FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1614649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BAKALAR, SUSAN P P.A.
2240 S.W. 70TH AVENUE
SUITE D
DAVIE FL 33317

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **BERG, RODNEY**
 STREET ADDRESS **50 MADRID LANE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **CASTRO, TERESA**
 STREET ADDRESS **51 MATADOR LANE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☒ Delete
 NAME **BUCO, CAROL**
 STREET ADDRESS **19 TOLEDO COURT**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** ☐ Delete
 NAME **HERMAN, ADAM**
 STREET ADDRESS **51 MADRID LANE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **COHEN, DOUG**
 STREET ADDRESS **13 MADRID LANE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVP** ☐ Delete
 NAME **GREENBAUM, MARCIA**
 STREET ADDRESS **35 MADRID LANE**
 CITY-ST-ZIP **DAVIE FL 33324**

TITLE ☒ Change ☐ Addition
 NAME **DS Greenbaum marcia**
 STREET ADDRESS **35 madrid LN**
 CITY-ST-ZIP **DAVIE FL 33324**

12. I 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 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:

Rodney Berg **RODNEY BERG** **3/1/00** **954-476-6322**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11:7 (9/99)