


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90191 010 \*\*\*\*61.25

<b>DOCUMENT # 728949</b> 1. Entity Name <b>VALENCIA VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>26 N. VALENCIA DR.</b> <b>DAVIE, FL 33324</b>			Mailing Address <del>1971 W MCNAB RD</del> <del>SUITE 2</del> <del>POMPANO BEACH, FL 33069</del> <i>United Community Corp.</i>		
2. Principal Place of Business - No P.O. Box # <i>11784 W. Sample Rd</i>		3. Mailing Address <i>11784 W. Sample Rd</i>			
Suite, Apt. #, etc. <i>#103</i>		Suite, Apt. #, etc. <i>#103</i>			
City & State <i>Coral Springs</i>		City & State <i>Coral Springs</i>			
Zip <i>33065</i>		Country <i>US</i>		Zip <i>33065</i>	
Country <i>US</i>		Country <i>US</i>			
6. Name and Address of Current Registered Agent  <del>STEVENS &amp; GOLDWYN</del> <del>3800 SOUTH OCEAN DR</del> <del>SUITE 222</del> <del>HOLLYWOOD, FL 33019</del>			7. Name and Address of New Registered Agent Name <i>United Community Mgt. Corp.</i> Street Address (P.O. Box Number is Not Acceptable) <i>11784 W. Sample Road</i> <i>#103</i> City <i>Coral Springs</i> <b>FL</b> Zip Code <i>33065</i>		
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <i>Renie Kallawes</i> <i>United Comm Mgmt V.P. Finance 4/16/07</i> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, DIANA 15 TOLEDO CT DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Colon, Rodney 29 Seville Circle DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BROWN, ROBERT 52 MATADOR LN DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Zeno, Mariel 32 Cortez Way DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, DOUG 13 MADRID LN DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Escala, Carmen 54 Matador Lane DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, DOUGLAS SOUTH VALENCIA DR DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Eduardo 30 Seville Circle DAVIE, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL, KENNETH 38 MADRID LN DAVIE, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, CHARLOTTE 19 NORTH VALENCIA DR DAVIE, FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, CHARLOTTE 19 NORTH VALENCIA DR DAVIE, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOON, CHARLOTTE 19 NORTH VALENCIA DR DAVIE, FL 33324	<input type="checkbox"/> Delete
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>R Eddon</i> <i>ROD COLON</i> <i>VICE PRESIDENT</i> <i>4/24/07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					