

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:13

DOCUMENT # 749766 (2)

1. Corporation Name
VILLA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business Mailing Address
% VIVIAN SCHNEIDER P O BOX 4711 ST PETERSBURG FL 33743-4411
% VIVIAN SCHNEIDER P O BOX 4711 ST PETERSBURG FL 33743-4411

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/13/1979 3a. Date of Last Report 03/08/1994
4. FEI Number 59-2059333 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SCHNEIDER, VIVIAN
6044 22ND AVE. N. C5
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

TITLE	PD
NAME	MCCLEARY, PAT
STREET ADDRESS	6044 22ND AVE N. C4
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	VPD
NAME	ROHRER, RONALD
STREET ADDRESS	6062 22ND AVE., N., D-5
CITY - ST - ZIP	ST PETERSBURG FL
TITLE	SD
NAME	WINSTON, SAM
STREET ADDRESS	6026 22ND AVE., N., B-1
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	TD
NAME	SCHNEIDER, VIVIAN
STREET ADDRESS	6044 22ND AVE N C5
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	D
NAME	SMITH, TERESA
STREET ADDRESS	1551 41 AVE. DR., E.
CITY - ST - ZIP	ELLENTON FL
TITLE	D
NAME	HOWARD, JACQUELINE
STREET ADDRESS	6080 22ND AVE., N., E-5
CITY - ST - ZIP	ST. PETERSBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	VPD PATRICIA ROHRER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	6062 22ND AVE N, D-5
2.4 CITY - ST - ZIP	ST PETE, FLA 33710
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: Vivian Schneider VIVIAN SCHNEIDER 1-16-95 813-343-6568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Mandatory)