

**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 # 749766 (2)

1. Corporation Name

VILLA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% VIVIAN SCHNEIDER  
P O BOX 47411  
ST PETERSBURG FL 33743-4411

% VIVIAN SCHNEIDER  
P O BOX 47411  
ST PETERSBURG FL 33743-4411

3. Date Incorporated or Qualified 11/13/1979  
3a. Date of Last Report 01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number 59-2059333  
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

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

81 Name ROHRER, PATRICIA  
82 Street Address (P.O. Box Number is Not Acceptable) 6062 22ND AVE N D5  
83  
84 City ST PETERSBURG FL 85 Zip Code 33710

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

*Patricia Rohrer*

PATRICIA ROHRER

4/28/96

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

(NOTE: Registered Agent signature required when renouncing)

TREASURER DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCLEARY, PAT	
STREET ADDRESS	6044 22ND AVE N. C4	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROHRER, PATRICIA	
STREET ADDRESS	6062 22ND AVE N., D-5	
CITY-ST-ZIP	ST. PETE FL 33710	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WINSTON, SAM	
STREET ADDRESS	6026 22ND AVE., N., B-1	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, VIVIAN	
STREET ADDRESS	6044 22ND AVE N C5	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, TERESA	
STREET ADDRESS	1551 41 AVE. DR., E.	
CITY-ST-ZIP	ELLENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWARD, JACQUELINE	
STREET ADDRESS	6080 22ND AVE., N., E-5	
CITY-ST-ZIP	ST. PETERSBURG FL	

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	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEWIS, JAMES A
3.3 STREET ADDRESS	6044 22ND AVE N C8
3.4 CITY-ST-ZIP	ST PETERSBURG FL 33710
4.1 TITLE	D <input checked="" 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 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 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia Rohrer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA ROHRER

4/28/96

Date

3450119

Daytime Phone #

CR2E037 (12/95)