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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 749766 (2)

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



Principal Place of Business Mailing Address  
% VIVIAN SCHNEIDER P O BOX 47411 ST PETERSBURG FL 33743-4411

3. Date Incorporated or Qualified 11/13/1979 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 % PATRICIA ROHRER 26 % PATRICIA ROHRER  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 PO Box 47411 27 PO Box 47411  
City & State City & State  
23 ST PETERSBURG, FL 28 ST PETERSBURG, FL  
Zip Country Zip Country  
24 33743-4411 25 PINELLAS 29 33743-4411 30 PINELLAS

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  
ROHRER, PATRICIA  
6062 22ND AVE N D5  
ST. PETERSBURG FL 33710

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 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 T  
NAME ROHRER, PATRICIA  
STREET ADDRESS 6062 22ND AVE N., D-5  
CITY-ST-ZIP ST. PETE FL  
TITLE S  
NAME LEWIS, JAMES A  
STREET ADDRESS 6044 22ND AVE N C8  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE S  
NAME SCHNEIDER, VIVIAN  
STREET ADDRESS 6044 22ND AVE N C5  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE D  
NAME HOWARD, JACQUELINE  
STREET ADDRESS 6080 22ND AVE., N., E-5  
CITY-ST-ZIP ST. PETERSBURG FL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 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 4/29/97

CR2E037 (9/96)