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**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90010 032 \*\*\*\*61.25

005404

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 749766**

1. Corporation Name

**VILLA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

%ROHRER, PATRICIA  
 P O BOX 47411  
 ST PETERSBURG FL 33743-4411  
 US

Mailing Address

%ROHRER, PATRICIA  
 P O BOX 47411  
 ST PETERSBURG FL 33743-4411  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

11/13/1979

4. FEI Number

59-2059333

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

**\$5.00** May Be Added to Fees

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 **VIVIAN SCHNEIDER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**6008 22ND AVENUE**  
 83 **ST PETE FL**  
 84 City **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 *Vivian Schneider*

4-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

NAME **PD MCCLEARY, PAT**  
 STREET ADDRESS **6044 22ND AVE N. C4**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  DELETE

NAME **T ROHRER, PATRICIA**  
 STREET ADDRESS **6062 22ND AVE N., D-5**  
 CITY-ST-ZIP **ST. PETE FL**

TITLE  DELETE

NAME **S GASKIN, ANDREA**  
 STREET ADDRESS **6080 22ND AVE N E-5**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33710**

TITLE  DELETE

NAME **V SCHNEIDER, VIVIAN**  
 STREET ADDRESS **6044 22ND AVE N C5**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  DELETE

NAME **D WRIGHT, CHRISTOPHER**  
 STREET ADDRESS **6080 22ND AVE N E-3**  
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE  DELETE

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

1.1 TITLE  Change  Addition

1.2 NAME **VIVIAN SCHNEIDER**  
 1.3 STREET ADDRESS **6008 22ND AVENUE**  
 1.4 CITY-ST-ZIP **ST PETE FL 33710**

2.1 TITLE  Change  Addition

2.2 NAME **JOANN GRESS**  
 2.3 STREET ADDRESS **6080 22ND AVENUE**  
 2.4 CITY-ST-ZIP **ST PETE FL 33710**

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Vivian Schneider*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99 727-343-6568  
 Date Daytime Phone #

CR2E037 (11/98)