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2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

04-01-2002 90668 015 ****61.25

DOCUMENT # 749766

1. Entity Name
LA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business 6044 22 AVE. N SAINT PETERSBURG FL 33710 US	Mailing Address % RESOURCE PROP. MGMT. 5901 SUN BLVD. #200 SAINT PETERSBURG FL 33715 US
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- 26286



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 6026 22nd Ave Suite, Apt. #, etc. City & State St Petersburg Zip 33710 Country US
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4. FEI Number 59-2059333	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
RESOURCE PROPERTY MANAGEMENT
5901 SUN BLVD. #200
SAINT PETERSBURG FL 33715

7. Name and Address of New Registered Agent
Name: **Charmain Courtney**
Street Address (P.O. Box Numbers Not Acceptable): **6026 22nd Ave N #4**
City: **St Petersburg** FL Zip Code: **33710**

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.

SIGNATURE: Charmain Courtney (NOTE: Registered Agent signature required when reinstating) DATE: **3-7-02**

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLEARY, PAT 6044 22ND AVE N. C4 SAINT PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COURTNEY, CHARMAIN 6062 22 AVE. N D-4 SAINT PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GASKIN, ANDREA 6080-22ND AVE N.E-5 ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELKANLY, TRACY 6080 22 AVE N. E-1 ST. PETERSBURG FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRESS, JOANN 6080 22ND AVE. N ST PETE-FL 33710
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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.

SIGNATURE: Charmain Courtney DATE: **3-7-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)