


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90007 043 ****61.25

DOCUMENT # 749766

1. Entity Name
VILLA VALENCIA GARDEN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**6044 22 AVE. N
SAINT PETERSBURG FL 33710
US**

Mailing Address
**6026 22ND AVE
SAINT PETERSBURG FL 33710
US**

2. Principal Place of Business
6026 22 Ave N

3. Mailing Address
6026 22 Ave North

Suite, Apt. #, etc.
St Petersburg, FL

Suite, Apt. #, etc.
St Petersburg, FL

City & State
St Petersburg, FL



MOORE CR2E037 (4/04)

4. FEI Number
59-2059333

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip
33710

Country
USA

Zip
33710

Country
USA

6. Name and Address of Current Registered Agent
**COURNEY, CHARMAIN
6062 22ND AVE N
#4
SAINT PETERSBURG FL 33710**

7. Name and Address of New Registered Agent
Name
Patricia A McCleary

Street Address (P.O. Box Number is Not Acceptable)
6044 22 Ave North #4

City
St. Petersburg

City
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia A. McCleary* **Patricia A. McCleary** **8-20-2004**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCLEARY, PAT 6044 22ND AVE N. C4 SAINT PETERSBURG FL 33710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COURTNEY, CHARMAIN 6062 22 AVE. N D-4 SAINT PETERSBURG FL 33710 <input checked="" type="checkbox"/> Delete <i>Moved 8/1/04</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	To be appointed <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T APPLIN, JAMES PO BOX 48913 SAINT PETERSBURG FL 33743 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCABE, KATHY P.O. BOX 530432 ST. PETERSBURG FL 33747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, SHARON 1901 PINELLAS POINT DR S. SAINT PETERSBURG FL 33712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *Patricia A. McCleary* **Patricia A. McCleary** **8-20-04** **1727-384-1104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #