2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755779

FILED Mar 20, 2009 Secretary of State

Entity Name: LAKE VALENCIA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
275 RIVIERE ROAD PALM HARBOR, FL 34683				2445 TAMPA ROAD, SUITE B PALM HARBOR, FL 34683		
Current Mailing Address:			New Maili	New Mailing Address:		
275 RIVIERE ROAD 106 PALM HARBOR, FL 34683				2445 TAMPA ROAD, SUITE B PALM HARBOR, FL 34683		
El Number:	: 59-2193304	FEI Number Applied For ()	FEI Number Not App	clicable () Certificate of Status Desi	ired ()	
lame and	Address of (Current Registered Agent:	Name and	l Address of New Registered Agent	:	
275 RIVIEF	AGEMENT, IN RE ROAD RBOR, FL 346		2445 TAM	AGEMENT, INC. PA ROAD, SUITE B RBOR, FL 34683 US		
	named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered office or registered agen	it, or both,	
SIGNATURE:				03/20/2009		
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: Dity-St-Zip:	PHILLIPS, DAY 4940 LAKE VA	LENCIA BLVD WEST	Title: Name: Address: City-St-Zip:	()Change ()Addition		
itle: lame: ddress: city-St-Zip:	T (ROONEY, JOH 2891 VALENC PALM HARBOI	IA LANE EAST	Title: Name: Address: City-St-Zip:	() Change () Addition		
iitle: lame: ddress: city-St-Zip:	S (HESSELGRAV 2805 TANGEL PALM HARBO	O WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
iitle: lame: ddress: city-St-Zip:	CUTRELL, MIC	GROVE WAY	Title: Name: Address: City-St-Zip:	D (X) Change () Addition PENA, HLOY 2780 VALENCIA LANE WEST PALM HARBOR, FL 34684		
Title: Name: Address: City-St-Zip:	DOSHI, SUPN	LENCIA BLVD EAST	Title: Name: Address: City-St-Zip:	VP (X) Change () Addition DOSHI, SUPNA 2900 LAKE VALENCIA BLVD EAST PALM HARBOR, FL 34684		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALT SIEG RA 03/20/2009