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Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90032 027 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # M66374

1. Corporation Name

**VALENCIA ESTATES SENIOR CITIZEN ORGANIZATION, IN
C.**

Principal Place of Business

**3325 BARTOW HWY
LAKELAND FL 33803
US**

Mailing Address

**3325 BARTOW HWY
LOT 46
LAKELAND FL 33803
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/22/1988

4. FEI Number

65-0134630

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

**MARTIN, E. SNOW, JR.
200 LAKE MORTON DRIVE
LAKELAND FL 33801**

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 607.0502 and 607.1508, 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 607.0505, 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 **P** ☒ DELETE

NAME **BEHLING, JUNIOR**
STREET ADDRESS **3325 BARTOW HWY LOT 46**
CITY-ST-ZIP **LAKELAND FL**

TITLE **V** ☒ DELETE

NAME **BOGDANSKI, JACK**
STREET ADDRESS **3325 BARTOW HWY LOT 116**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **T** ☒ DELETE

NAME **CLARK, RUTH**
STREET ADDRESS **3325 BARTOW HWY LOT 56**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☒ DELETE

NAME **BROWN, CLAUDE**
STREET ADDRESS **3325 BARTOW HWY LOT 63**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **D** ☐ DELETE

NAME **PALE, LARC**
STREET ADDRESS **3325 BARTOW HWY LOT 50**
CITY-ST-ZIP **LAKELAND FL 33803**

TITLE **S** ☒ DELETE

NAME **DOUPE, MARION**
STREET ADDRESS **3325 BARTOW HWY LOT**
CITY-ST-ZIP **LAKELAND FL 33803**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☐ Change ☐ Addition

1.2 NAME **MCGUIRE, WILLIAM**
1.3 STREET ADDRESS **3325 BARTOW HWY LOT 62**
1.4 CITY-ST-ZIP **LAKELAND, FL**

2.1 TITLE **V** ☐ Change ☐ Addition

2.2 NAME **BROWN, CLAUDE**
2.3 STREET ADDRESS **3325 BARTOW HWY LOT 63**
2.4 CITY-ST-ZIP **LAKELAND, FL**

3.1 TITLE **T** ☐ Change ☐ Addition

3.2 NAME **BEHLING, JANET**
3.3 STREET ADDRESS **3325 BARTOW HWY LOT 46**
3.4 CITY-ST-ZIP **LAKELAND, FL**

4.1 TITLE **S** ☐ Change ☐ Addition

4.2 NAME **GREER, DARLENE**
4.3 STREET ADDRESS **3325 BARTOW HWY LOT 54**
4.4 CITY-ST-ZIP **LAKELAND, FL**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☐ Addition

6.2 NAME **ROWLANDS, WILLIAM**
6.3 STREET ADDRESS **3325 BARTOW HWY LOT 10**
6.4 CITY-ST-ZIP **LAKELAND, FL**

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 607, 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:

JANET BEHLING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 **(941) 666-5415**
Date Daytime Phone #

CR2E034 (11/98)