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

FILED
Apr 08, 2004 8:00 am
Secretary of State
04-08-2004 90007 018 ****70.00

DOCUMENT # N00000005411

1. Entity Name

VALENCIA FALLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1046132 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
C/O LANG MANAGEMENT
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25
Due By May 1, 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	PD FOWLER, THERES 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PORTUGAL, MICHAEL 13534 BARCELONA LAKE CIR. DELRAY BCH, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD DEPLAZA, MARCIE 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LIPOW, JAY 13449 BARCELONA LAKE CIR DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD COSTELLO, RICHARD A 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KROTENBERG, MARVIN 13546 BARCELONA LAKE CIR DELRAY BEACH, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COR SEC. RAUSCH, MARVIN 13124 Alhambra Lake DR. Delray Beach, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, BOB 7476 Morocca Lake Dr. Delray Beach, FL 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Gitters, MARK 7156 Francisco Bend Dr. Delray Beach, FL 33446	☐ Change ☒ 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: Milton Braffman MILTON BRAFFMAN 4/6/04 561-637-9571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment #N00000005411
24B37184

Title	T	☐ Change ☒ Addition
Name	BRAFMAN, MILT	
Street Address	7041 BENT MENORCA DR.	
City-St-Zip	DELRAY BEACH, FL 33446	