2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State
03-17-2005 90015 012 ****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

1st MOORE CR2E037 (10/04)

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	7. Name and Address of New Registered Agent
ISAACSON, WILLIAM K C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	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, 2005

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	P PORTUGAL, MICHAEL 13534 BARCELONA LAKE CIR. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LIPOW, JAY 13449 BARCELONA LAKE CIR. DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Brafman, Milt 7041 Bent Menorca Dr. Delray Beach, Fl. 33446 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KROTENBERG, MARVIN 13546 BARCELONA LAKE CIR. DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Berger, Edward 7041 Francisco Bend Dr. Delray Beach, Fl. 33446 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAUSCH, MARVIN 13124 ALHAMBRA LAKE DR. DELRAY BEACH FL 33446	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Telsey, Joan 13659 Granada Mist Way Delray Beach, Fl. 33446 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANT, BOB 7476 MOROCCA LAKE DR. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Grant, Bob 7476 Morocca Lake Dr. Delray Beach, Fl. 33446 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GITTERS, MARK 7156 FRANCISCO BEND DR. DELRAY BEACH FL 33446	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Milt Brafman 3/8/05 561-637-9571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #