2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State
04-13-2006 90303 008 ****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 (10/05)

2. Principal Place of Business	3. Mailing Address
c/o FIRST CHOICE MANAGEMENT	c/o FIRST CHOICE MANAGEMENT
Suite, Apt. #, etc.: 6401 CONGRESS AVE. SUITE 140	Suite, Apt. #, etc.: 6401 CONGRESS AVE. SUITE 140
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

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: STEVE LIPPMAN
Street Address (P.O. Box Number is Not Acceptable): FIRST CHOICE MANAGEMENT GROUP, INC.
6401 CONGRESS AVE. SUITE 140
City: BOCA RATON, FL Zip Code: 33487

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: _____ STEVE LIPPMAN, PRESIDENT + CEO 3/24/2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRAFMAN, WILT 7041 BENT MENORCA DR. DELRAY BEACH FL 33446	☒ Delete	TD Dolan, Robert 13136 Alhambra Lake Circle Delray Beach, Fl. 33446	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BERGER, EDWARD 7012 FRANCISCO BEND DR. DELRAY BEACH FL 33446	☐ Delete	D Berger, Edward 7012 Francisco Bend Dr. Delray Beach, Fl. 33446	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TELSEY, JOAN 13659 GRANADA MIST WAY DELRAY BEACH FL 33446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GRANT, BOB 7476 MOROCCA LAKE DR. DELRAY BEACH FL 33446	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GITTERS, MARK 7156 FRANCISCO BEND DR. DELRAY BEACH FL 33446	☐ Delete	SD Altman, Jeff 7084 Prado Lake Dr. Delray Beach, Fl. 33446	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert L. Dolan, Treasurer 3/24/2006 561-496-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #