

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000001620

1. Entity Name
VALENCIA ESTATES HOMEOWNERS' ASSOCIATION,
INC.



Principal Place of Business

ONE FISHER ISLAND DR
FISHER ISLAND, FL 33109

Mailing Address

ONE FISHER ISLAND DR
ACCOUNTING DEPT.
FISHER ISLAND, FL 33109

FILED

07 FEB 20 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01232007 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
65-1088212

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DENAIN, CEDRIK
ONE FISHER ISLAND DR
FISHER ISLAND, FL 33109

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
COO
DENAIN, CEDRIK COO
ONE FISHER ISLAND DR
FISHER ISLAND, FL 33109

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #