



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90003 023 ****61.25

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			
2. Principal Place of Business - No P.O. Box # 6 Fisher Island Dr.		3. Mailing Address 6 Fisher Island Dr.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102008 Chg-NP CR2E037 (12/06)		
City & State Fisher Island, FL		City & State Fisher Island, FL		4. FEI Number 65-1088212		
Zip 33109		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent DE LA CRUZ, LUIS F 2 ALHAMBRA PLAZA, PH2-C CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent Name: CSI International Street Address (P.O. Box Number (Not Acceptable)) 6 Fisher Island Dr. City: Fisher Island FL Zip Code: 33109		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <input type="checkbox"/> \$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 P NAME FONG, MICHAEL STREET ADDRESS ONE FISHER ISLAND DR CITY-ST-ZIP FISHER ISLAND, FL 33109	<input checked="" type="checkbox"/> Delete			TITLE P NAME Thomas Murphy STREET ADDRESS 6915 Fisher Island Drive CITY-ST-ZIP FISHER ISLAND, FL 33109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5/21/08 <small>Date</small>		
<small>Daytime Phone #</small>						