

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001620

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** VALENCIA ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

6 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**New Mailing Address:**

**FEI Number:** 65-1088212

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CSI INTERNATIONAL  
6 FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

**Name and Address of New Registered Agent:**

MARTIN, ROBERT  
319 SE 14TH STREET  
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: ROBERT MARTIN, ESQ

04/14/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MURPHY, THOMAS  
Address: 6915 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: COHEN, JOEL  
Address: 6917 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: S ( ) Change (X) Addition  
Name: ROZENBLUM, MARTIN  
Address: 6909 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MURPHY

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date