


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

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90237 016 ****70.00

DOCUMENT # N01000007344
 1. Entity Name
VALENCIA SHORES MASTER ASSOCIATION, INC.




Principal Place of Business Mailing Address
 1401 UNIVERISTY DRIVE, SUITE 200 1401 UNIVERISTY DRIVE, SUITE 200
 CORAL SPRINGS FL 33071-6039 CORAL SPRINGS FL 33071-6039

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. **21045 COMMERCIAL TRAIL**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Boca RATON, FL

Zip Country Zip Country
33486



1st MOORE CR2E037 (10/04)

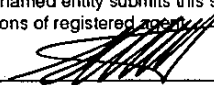
4. FEI Number Applied For
65-1145830 Not Applicable

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

6. Name and Address of Current Registered Agent
COSTELLO, RICHARD A
 1401 UNIVERISTY DRIVE, SUITE 200
 CORAL SPRINGS FL 33071-6039

7. Name and Address of New Registered Agent
 Name **STEVEN M. HELFMAN**
 Street Address (P.O. Box Number is Not Acceptable)
1401 UNIVERSITY DRIVE, Suite 200
 City **CORAL SPRINGS** FL Zip Code **33071**

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  **Steven M. Helfman** DATE **March 7, 2005**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	FOWLER, THERESA	
STREET ADDRESS	1401 UNIVERISTY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DEPLAZA, MARCIE	
STREET ADDRESS	1401 UNIVERISTY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete
NAME	COSTELLO, RICHARD	
STREET ADDRESS	1401 UNIVERISTY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. MARIA MENENDEZ	
STREET ADDRESS	1401 UNIVERSITY DR, Suite 200	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **Steve Fullen** Date **4/15/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR