


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90187 014 ****61.25

DOCUMENT # N01000007344					
1. Entity Name VALENCIA SHORES MASTER ASSOCIATION, INC.					
Principal Place of Business 7751 VALENCIA SHORE DR LAKE WORTH, FL 33467		Mailing Address 7751 VALENCIA SHORE DR LAKE WORTH, FL 33467			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02152008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-1145830 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOU, CUPLAN SACHS, SAX & KLEIN 301 YAMATO ROAD BOCA RATON, FL 33431			Name <u>Lou Caplan, Esq.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Sachs & Sax</u> <u>301 Yamato Rd, Suite 4150</u> City <u>Boca Raton</u> FL Zip Code <u>33431</u>		
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. <u>Same agent - spelling corrections</u>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	D <input type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KATZ, BARBARA	NAME	Abe Fenster		
STREET ADDRESS	7701 ROYALE RIVER LANE	STREET ADDRESS	8683 Tierra Lago Cove		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GROSS, ROBERT	NAME	Ron Miller		
STREET ADDRESS	8242 SANDPIPER GLEN DR	STREET ADDRESS	7932 Sonata Bay Point		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	AISENBERG, STEVE	NAME	Howard Chaiet		
STREET ADDRESS	7556 LAKE HARBOR TERR	STREET ADDRESS	9886 Casa Mar Drive		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HOFFMAN, HARVEY	NAME	Richard Goodwin		
STREET ADDRESS	7772 ROYALE RIVER LN	STREET ADDRESS	7547 Tarpon Cove Circle		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	SD <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	IVES, STAN	NAME	David Hendrick		
STREET ADDRESS	7744 LIGHTHOUSE POINT LN	STREET ADDRESS	7829 Kingsley Palm Terrace		
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	LICHTENSTEIN, RAY	NAME			
STREET ADDRESS	7788 GOLD LENOX COVE	STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH, FL 33467	CITY-ST-ZIP			
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: <u>Abe Fenster</u>		Date: <u>2/26/08</u>		Daytime Phone #: <u>(561)434-9669</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					