2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 038 ****61.25

DOCUMENT # N01000007344

1. Entity Name
VALENCIA SHORES MASTER ASSOCIATION, INC.

Principal Place of Business
1401 UNIVERISTY DRIVE. SUITE 200
CORAL SPRINGS FL 33071-6039

Mailing Address
1401 UNIVERISTY DRIVE. SUITE 200
CORAL SPRINGS FL 33071-6039

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1145830 | Applied For | 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
Street Address (P.O. Box Number is Not Acceptable)
City | FL | Zip Code

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

FILE NOW: FEE IS $61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	FOWLER, THERESA	1401 UNIVERISTY DRIVE, SUITE 200	CORAL SPRINGS FL 33071-6039	☐
VPD	DEPLAZA, MARCIE	1401 UNIVERISTY DRIVE, SUITE 200	CORAL SPRINGS FL 33071-6039	☐
STD	COSTELLO, RICHARD A	1401 UNIVERISTY DRIVE, SUITE 200	CORAL SPRINGS FL 33071-6039	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED MARCIE DEPLAZA, V.P. 4/29/03 954.753.1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)