

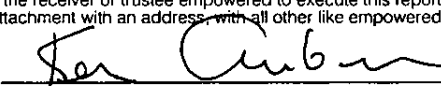


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 025 ****61.25

DOCUMENT # N02000006443			
1. Entity Name VALENCIA LAKES OWNERS ASSOCIATION, INC.			
Principal Place of Business 200 CAPRI ISLES BLVD. VENICE, FL 34292		Mailing Address 200 CAPRI ISLES BLVD. VENICE, FL 34292	
2. Principal Place of Business KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293		3. Mailing Address KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. VENICE, FL 34293	
City		City	
Zip		Zip	
Country		Country	
6. Name and Address of Current Registered Agent PETERSON, DAVID C 200 CAPRI ISLES BLVD. VENICE, FL 34292		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD. City VENICE, FL 34293 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.		DATE 4/12/06 (NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PETERSON, DAVID C 200 CAPRI ISLES BLVD. VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ken Aubrey 137 Valencia Lakes VENICE FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD PETERSON, STEFANIE L 200 CAPRI ISLES BLVD. VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Ray Harris 193 Valencia Lakes VENICE FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ed Farrell 121 Valencia Lakes VENICE FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Preston Skinner 104 Lala Court VENICE FL 34292 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Campbell 108 Lala Court VENICE FL 34292 <input type="checkbox"/> Change <input checked="" 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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50019452



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number 82-0562742 Applied For Not Applicable

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