


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 8:00 am
Secretary of State

02-14-2007 90065 006 ****61.25

DOCUMENT # N02000007798	
1. Entity Name VALENCIA GARDENS PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business TOWNHOUSE LARGO, FL 33777	Mailing Address 9733 BARDMOOR LARGO, FL 33777
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 55-0814708	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LORENZ, ROBERT M
9733 BARDMOOR BLVD.
LARGO, FL 33777**

**DO NOT WRITE
IN THIS SPACE**

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:  **PRESIDENT** **2/2/07** DATE

(NOTE: Registered Agent signature required when reappointing)

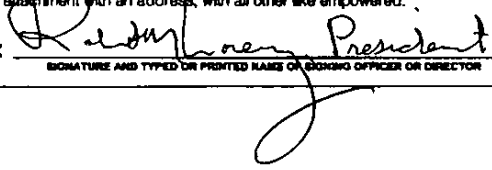
Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE P	NAME LORENZ, ROBERT M
STREET ADDRESS 9733 BARDMOOR BLVD.	
CITY - ST - ZIP LARGO, FL 33777	
TITLE VP	NAME CHIAVACCI, BOB
STREET ADDRESS 9741 BARDMOOR BLVD	
CITY - ST - ZIP LARGO, FL 33777	
TITLE T	NAME SHAW, JACKIE
STREET ADDRESS 9721 BARDMOOR BLVD.	
CITY - ST - ZIP LARGO, FL 33777	
TITLE S	NAME BARKER, PAM
STREET ADDRESS 9729 BARDMOOR BLVD.	
CITY - ST - ZIP LARGO, FL 33777	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	NAME
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **President** **3/2/07** **727 398 7674** DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR