


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2008 08:00 A
Secretary of State

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



01262008 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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
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10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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03/26/08-80035-001 61.25

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:  **3/7/08 727 3987674**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #