

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007798

FILED  
Feb 02, 2009  
Secretary of State

**Entity Name:** VALENCIA GARDENS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

TOWNHOUSE  
LARGO, FL 33777

**New Principal Place of Business:**

**Current Mailing Address:**

9733 BARDMOOR  
LARGO, FL 33777

**New Mailing Address:**

**FEI Number:** 55-0814708

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LORENZ, ROBERT M  
Address: 9733 BARDMOOR BLVD.  
City-St-Zip: LARGO, FL 33777

Title: VP ( ) Delete  
Name: CHIAVACCI, BOB  
Address: 9741 BARDMOOR BLVD  
City-St-Zip: LARGO, FL 33777

Title: T ( ) Delete  
Name: SHAW, JACKIE  
Address: 9721 BARDMOOR BLVD.  
City-St-Zip: LARGO, FL 33777

Title: S ( ) Delete  
Name: BARKER, PAM  
Address: 9729 BARDMOOR BLVD.  
City-St-Zip: LARGO, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. LORENZ

PRES

02/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date