

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000005412

1. Entity Name  
VALENCIA PALMS PROPERTY OWNERS' ASSOCIATION, INC.



04-17-2007 90053-018 \*\*\*\*\*70.00

07 JUN -4 AM 11:48

40064930 DE STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1600 SAWGRASS CORP PKWY  
STE 300  
SUNRISE, FL 33323

Mailing Address  
1600 SAWGRASS CORP PKWY  
STE 300  
SUNRISE, FL 33323



02062007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

6750 Summerland Blvd  
Delray Beach, FL  
33446

3. Mailing Address

6750 Summerland Blvd  
Delray Beach, FL  
33446

Zip

County

PALM BEACH

Zip

County

PALM BEACH

4. FEI Number  
20-1192147

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Lang Management Company, Inc  
21045 Commercial Trail  
Boca Raton, FL 33486

7. Name and Address of New Registered Agent

Lang Management Company, Inc  
21045 Commercial Trail  
Boca Raton  
FL 33486

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

Property Mgr.  
GAIL MORELLI, Lang Management Co.

(NOTE: Registered Agent signature required when remaining)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

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          | PD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | FOWLER, THERESA              |                                            |
| STREET ADDRESS | 1401 UNIVERSITY DR SUITE 200 |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 330716039  |                                            |
| TITLE          | VD                           | <input checked="" type="checkbox"/> Delete |
| NAME           | DEPLAZA, MARCIE              |                                            |
| STREET ADDRESS | 1401 UNIVERSITY DR SUITE 200 |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 330716039  |                                            |
| TITLE          | STD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | MENENDEZ, N. MARIA           |                                            |
| STREET ADDRESS | 1401 UNIVERSITY DR SUITE 200 |                                            |
| CITY-ST-ZIP    | CORAL SPRINGS, FL 330716039  |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |
| TITLE          |                              | <input type="checkbox"/> Delete            |
| NAME           |                              |                                            |
| STREET ADDRESS |                              |                                            |
| CITY-ST-ZIP    |                              |                                            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                          |                                                                              |
|----------------|--------------------------|------------------------------------------------------------------------------|
| TITLE          | President                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Eugene Schaffel          |                                                                              |
| STREET ADDRESS | 13633 Venice Beach Point |                                                                              |
| CITY-ST-ZIP    | Delray Beach, FL 33446   |                                                                              |
| TITLE          | Treasurer                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Milton Brafman           |                                                                              |
| STREET ADDRESS | 7453 Carmela Way         |                                                                              |
| CITY-ST-ZIP    | Delray Beach, FL 33446   |                                                                              |
| TITLE          | Secretary                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | Steve Wessler            |                                                                              |
| STREET ADDRESS | 6628 Dona Point Cove     |                                                                              |
| CITY-ST-ZIP    | Delray Beach, FL 33446   |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |
| TITLE          |                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                          |                                                                              |
| STREET ADDRESS |                          |                                                                              |
| CITY-ST-ZIP    |                          |                                                                              |

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

3/26/07

Date

(561) 496 1435

Daytime Phone #