

Jun.13. 2005 1:46PM D.R. Horton Inc. South Florida

Valencia Golf and Co

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 8:00 am
Secretary of State

05-11-2005 90123 016 ****61.25

DOCUMENT # N04000007225			
1. Entity Name VALENCIA GOLF AND COUNTRY CLUB HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 119 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442		Mailing Address 119 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 35 08 78349		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, JUAN E 2550 BRICKELL BAYVIEW CENTRE 80 SW 8TH STREET MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 size if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$81.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUMPHRIES, MICHAEL 119 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROCA, RAFAEL 119 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHARPSTEEN, CANDACE 119 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GUERRA, FRANCES J 119 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALBERTSON, KARL 1192 E. NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLEN, ALICE 1192 E NEWPORT CENTER DR SUITE 150 DEERFIELD BEACH, FL 33442 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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 # _____			