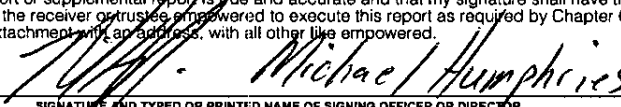


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90037 050 ****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 1245 S MILITARY TRAIL			3. Mailing Address 1245 S MILITARY TRAIL		
Suite, Apt. #, etc. SUITE 100			Suite, Apt. #, etc. SUITE 100		
City & State DEERFIELD BEACH, FL			City & State DEERFIELD BEACH, FL		
Zip 33442		Country		Zip 33442	
				Country	
4. FEI Number 55-0878349				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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		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	PD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	HUMPHRIES, MICHAEL		NAME		
STREET ADDRESS	119 E NEWPORT CENTER DR SUITE 150		STREET ADDRESS	1245 S MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ROCA, RAFAEL		NAME		
STREET ADDRESS	119 E NEWPORT CENTER DR SUITE 150		STREET ADDRESS	1245 S MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SHARPSTEEN, CANDACE		NAME		
STREET ADDRESS	119 E NEWPORT CENTER DR SUITE 150		STREET ADDRESS	1245 S MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ALBERTSON, KARI		NAME		
STREET ADDRESS	1192 E. NEWPORT CTR DR., STE 150		STREET ADDRESS	1245 S MILITARY TRAIL	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	SD Maggiano, Molly	☐ Change ☒ Addition
NAME	ALLEN, ALICE		NAME	MAGGIORE, MOLLY	
STREET ADDRESS	1192 E. NEWPORT CTR DR, STE 150		STREET ADDRESS	1245 S MILITARY TRAIL, SUITE 100	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 		Date: 5/23/06		Daytime Phone #: 954-949-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40094451





CHECK REQUEST

Date: April 12, 2006 **Amount:** \$ 61.25

Association: 1V Valencia Golf and Country Club Homeowners Association, Inc.

Payable to: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION
P.O. BOX 6850
TALLAHASSEE, FL 32314

Explanation: 2006 Not-For-Profit Corporation Annual Report

Requested by: K. Grummer on behalf of property manager: Roberta Senecharles

Approved By: _____ **Account #** _____

Date Required: As soon as possible – Filing due by May 1, 2006

Document Number (State): N04000007225

**DO NOT DUPLICATE CHECK REQUEST. IF YOU HAVE WRITTEN
A CHECK FOR THIS ASSOCIATION FOR THE 2006
FILING, PLEASE RETURN THIS FORM TO
K. GRUMMER WITH CHECK NUMBER AND DATE**

Thank you.