

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90081 034 \*\*\*\*61.25

<b>DOCUMENT # N04000007616</b>					
<b>1. Entity Name</b> THE VALENCIA AT OLD HYDE PARK CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 45 DAVIS BOULEVARD TAMPA, FL 33606			<b>Mailing Address</b> 45 DAVIS BOULEVARD TAMPA, FL 33606		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc. 610 S. Rome Avenue City & State Tampa, Florida Zip 33606		<b>3. Mailing Address</b> c/o Jacob Real Estate Services, Inc. Suite, Apt. #, etc. 607 W. Bay Street City & State Tampa, Florida Zip 33606			
04142008 Chg-NP CR2E037 (12/06)		<b>4. FEI Number</b> NOT APPLICABLE			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> JONES, HAMILTON 45 DAVIS BOULEVARD TAMPA, FL 33606		<b>7. Name and Address of New Registered Agent</b> Name James C. Jacob Street Address (P.O. Box Number is Not Acceptable) Jacob Real Estate Services, Inc. 607 W. Bay Street City Tampa FL Zip Code 33606			
<b>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.</b>					
SIGNATURE		James C. Jacob		4-14-2008	
Filing Fee is \$61.25 Due by May 1, 2008		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, HAMILTON 45 DAVIS BOULEVARD TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHEAR, JEFFREY 45 DAVIS BOULEVARD TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE:		Hamilton Jones		4/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		(813) 259-9898	

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