




**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N05000002181</b>		
1. Entity Name LA VALENCIA CIRCLE CONDOMINIUM OWNERS' ASSOCIATION, INC.		
Principal Place of Business 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32404	Mailing Address 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32404	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  HUMBLE, ROBERT N 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32404		<b>DO NOT WRITE IN THIS SPACE</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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUMBLE, ROBERT N 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROOKS, LAMAR M 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURCH, WILLIAM C 4116 HIGHWAY 231 NORTH PANAMA CITY, FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: 		4/27/07  769-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4706477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/17/07-80044-014 61.25

**DO NOT WRITE  
IN THIS SPACE**