


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2008 8:00 am**  
**Secretary of State**

03-25-2008 90008 022 \*\*\*\*61.25

<b>DOCUMENT # N06000005292</b>					
<b>1. Entity Name</b> VALENCIA VILLAS AT BAY BEACH ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34103			<b>Mailing Address</b> C/O INTEGRATED PROPERTY MGMT 3435 10TH STREET N #201 NAPLES, FL 34103		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5296385	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
PEARCE, LAWRENCE 372 LENNEL ROAD FT MYERS BEACH, FL 33931			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DP MCCRYSTAL, EDWARD 7510 LAKE VALENCIA CT #6A FORT MYERS BEACH, FL 33931 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	Roberts, James 7531 Lake Valencia Ct. #4A Ft. Myers Beach, FL 33931 DVP Stillwagon, Dennis 7510 Lake Valencia Ct. 6B Ft. Myers Beach, FL 33931 DST Curran, Cheyenne 7533 Lake Valencia Ct., #4B Ft. Myers Beach, FL 33931 <div style="text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ROBERTS, JAMES 7510 LAKE VALENCIA CT #4A FORT MYERS BEACH, FL 33931 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stillwagon, Dennis 7510 Lake Valencia Ct. 6B Ft. Myers Beach, FL 33931 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CURRAN, CHEYENNE 7510 LAKE VALENCIA CT #4B FORT MYERS BEACH, FL 33931 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Curran, Cheyenne 7533 Lake Valencia Ct., #4B Ft. Myers Beach, FL 33931 <div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition                 </div>	
<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>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3 5 08 <small>Date Daytime Phone #</small>		