2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003490

FILED Apr 22, 2008 Secretary of State

Entity Name: VILLAGES OF VALENCIA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5022 GATE PARKWAY 5955 T.G. LEE BLVD

SUITE 200 STE 300

JACKSONVILLE, FL 32256 ORLANDO, FL 328224457

Current Mailing Address: New Mailing Address:

5955 T.G. LEE BLVD., SUITE 300 ORLANDO, FL 328224457

FEI Number: 26-0657875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARDLE, JONATHAN D

5022 GATE PARKWAY

5955 T.G. LEE BLVD

SUITE 200 STE 300

JACKSONVILLE, FL 32256 US ORLANDO, FL 328224457 US

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.

SIGNATURE: REBECCA FURLOW 04/22/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: BP (X) Change () Addition

Name: WARDLE, JONATHAN D
Address: 5022 GATE PARKWAY, SUITE 200
Address: 5022 GATE PARKWAY, SUITE 200
Address: 5022 GATE PARKWAY, SUITE 200

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete Title: BVP (X) Change () Addition Name: LAYTON, GLENN R Name: LAYTON, GLENN R

Address: 5022 GATE PARKWAY, SUITE 200 Address: 5022 GATE PARKWAY, SUITE 200

Address: 5022 GATE PARKWAY, SUITE 200 Address: 5022 GATE PARKWAY, SUITE 200 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

Title: STD () Delete Title: BST (X) Change () Addition Name: DAVIS, J. BRADFORD Name: WILSON, CORI

Address: 5022 GATE PARKWAY, SUITE 200 Address: 5022 GATE PARKWAY, SUITE 200 City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON WARDLE BP 04/22/2008