2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003490

FILED Apr 20, 2009 Secretary of State

Entity Nar	ne: VILLAGE	ES OF VALENCIA HOMEOWN	IERS ASS	OCIATION, INC.		
Current Principal Place of Business:				New Principal Place of Business:		
5955 T.G. LEE BLVD STE 300 ORLANDO, FL 328224457				6972 LAKE GLORIA BLVD ORLANDO, FL 328093200 US		
Current Mailing Address:				New Mailing Address:		
5955 T.G. LEE BLVD., SUITE 300 ORLANDO, FL 328224457				6972 LAKE GLORIA BLVD ORLANDO, FL 328093200 US		
FEI Number:	26-0657875	FEI Number Applied For ()	FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LELAND MANAGEMENT, INC 5955 T.G. LEE BLVD STE 300 ORLANDO, FL 328224457 US The above named entity submits this statement for the purpose of				LELAND MANAGEMENT, INC 6972 LAKE GLORIA BLVD ORLANDO, FL 328093200 US		
	named entity e of Florida.	submits this statement for the	purpose c	i changing its registere	ed office or registered agent, or both,	
SIGNATURE: REBECCA FURLOW					04/20/2009	
	Electro	nic Signature of Registered Ag	gent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WARDLE, JOI	ARKWAY, SUITE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LAYTON, GLE	ARKWAY, SUITE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	WILSON, COF	ARKWAY, SUITE 200		Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JONATHAN WARDLE DP 04/20/2009