

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09473

1. Entity Name

VALENCIA GROVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

3701 VALENCIA GROVE LN.  
ORLANDO FL 32817  
US

Mailing Address

3701 VALENCIA GROVE LN.  
ORLANDO FL 32817  
US

2. Principal Place of Business

3137 Valencia Grove Lane  
Suite, Apt. #, etc.

3. Mailing Address

3137 Valencia Grove Lane  
Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando Florida

Zip

32817

Country

US

Zip

32817

Country

US

4. FEI Number

59-2655303

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PETER H. MITCHELL  
3701 VALENCIA GROVE LN.  
ORLANDO FL 32817

7. Name and Address of New Registered Agent -

Name Donna L. Rodgers

Street Address (P.O. Box Number is Not Acceptable)

3137 Valencia Grove Lane

City Orlando

FL

Zip Code 32817

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.

SIGNATURE

*Donna L. Rodgers*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRUZ, ANGELA	
STREET ADDRESS	9209 MURCOTT COURT	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	P	<input type="checkbox"/> Delete
NAME	DONNA RODGERS	
STREET ADDRESS	3737 VALENCIA GROVE LN.	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRIVEDI, BHSDRAYU	
STREET ADDRESS	3815 VALENCIA GROVE LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PERKINS, BRENDA	
STREET ADDRESS	3725 VALENCIA GROVE LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, FRANK	
STREET ADDRESS	3832 VALENCIA GROVE LANE	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 titles empowered.

SIGNATURE:

*Donna L. Rodgers*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 01, 2001 8:00 am  
Secretary of State

03-01-2001 91348 016 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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