

2002 UNIFORM BUSINESS REPORT (UBR)

3/7

FILED
May 21, 2002 8:00 am
Secretary of State

03-07-2002 90028 048 ****61.25

DOCUMENT # N09473

1. Entity Name

VALENCIA GROVE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3737 VALENCIA GROVE LANE
 ORLANDO FL 32817
 US**

**3737 VALENCIA GROVE LANE
 ORLANDO FL 32817
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**RODGERS, DONNA L.
 3737 VALENCIA GROVE LANE
 ORLANDO FL 32817**

Name

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

City

FL

Zip Code

B. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MANAGER** ☐ Delete
 NAME **DONNA RODGERS**
 STREET ADDRESS **3737 VALENCIA GROVE LN.**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **TRIVEDI, BHSDRAYU**
 STREET ADDRESS **3815 VALENCIA GROVE LANE**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **D** ☐ Change ☒ Addition
 NAME **President**
 STREET ADDRESS **Dennis MoonSammy**
 CITY-ST-ZIP **3953 Valencia Grove Lane
 Orlando, FL 32817**

TITLE **SD** ☒ Delete
 NAME **PERKINS, BRENDA**
 STREET ADDRESS **3725 VALENCIA GROVE LANE**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ Change ☒ Addition
 NAME **Treasurer**
 STREET ADDRESS **Sally Perez**
 CITY-ST-ZIP **9213 Fojo Ct.
 Orlando FL 32817**

TITLE **D** ☒ Delete
 NAME **HILL, FRANK**
 STREET ADDRESS **3832 VALENCIA GROVE LANE**
 CITY-ST-ZIP **ORLANDO FL 32817**

TITLE ☐ Change ☒ Addition
 NAME **Secretary**
 STREET ADDRESS **Nicholas Diomede**
 CITY-ST-ZIP **3917 Valencia Grove Lane
 Orlando Florida 32817**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **Rick Porch**
 CITY-ST-ZIP **3737 Valencia Grove Lane
 Orlando, Florida 32817**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE

02-24-02

407677 4486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)