

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90132 041 ****61.25

DOCUMENT # N09473

1. Entity Name

VALENCIA GROVE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

**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

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.

SIGNATURE

Donna Rodgers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

May 26, 2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **DP** ☒ Delete
NAME **MOONSANAMY, DENNIS**
STREET ADDRESS **3953 VALENCIA GROVE LANE**
CITY-ST-ZIP **ORLANDO FL 32817**

TITLE **VP** ☒ Change ☐ Addition
NAME **Manuel Mercado**
STREET ADDRESS **3905 Valencia Grove Lane**
CITY-ST-ZIP **Orlando, FL 32817**

TITLE **DT** ☐ Delete
NAME **PEREZ, SALLY**
STREET ADDRESS **9213 ROJO CT.**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE **S** ☐ Delete
NAME **DIOMEDE, NICHOLAS**
STREET ADDRESS **3917 VALENCIA GROVE LANE**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE **DV** ☐ Delete
NAME **PORCH, RICK**
STREET ADDRESS **3737 VALENCIA GROVE LANE**
CITY-ST-ZIP **ORLANDO FL 32817**

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

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **Romeo Lipat**
CITY-ST-ZIP **3935 Valencia Grove Lane**
Orlando, FL 32817

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

Donna Rodgers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20, 2003 321.279-3920

Date

Daytime Phone #

CR2E037 (10/02)