## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 24, 2008 8:00 am Secretary of State

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DOCUMENT # N25008  1. Entity Name VALENCIA AT PELICAN BAY CONDOMINIUM ASSOCIATION, INC.				40116	ທ-24-2008 90017 0	D11 ******61.25	
1440 RAIL HEAD BLVD 1446 #6 #6 NAPLES, FL 34110 US NAPL		" -	140 RAIL HEAD BLVD 6				
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address	- When		1016)) 03018) 0020) 186) 030)) E1017'010		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07182008 Cr	ng-NP CR2E03	37 (12/06)	
dity & State	lec FL	City & State	<u> </u>	4. FEI Number 65-003196	5	Applied For Not Applicable	
3410	of Country.	34108 (	Country .	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current R	Registered Agent		7. Name and Add	ress of New Registered	Agent	
BECKER 8	R POLIAKOFF, P.A.						
ATTN: GR	EGORY MARLER ERBILT BÉACH RD.SUITE 501		Street Addr	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, F							
<u> </u>			City	/ FL			
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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
Filing Fee is \$61.25 Due by September 12, 2008		· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees  Make check payable to Florida Department of State		
	ue by September 12, 2000	Trust Fund Cont	ribution. L	Added to Fees	`		
10.	OFFICERS AND DIR		11.	Added to Fees	ES TO OFFICERS AND DI	RECTORS IN 10	
				Added to Fees	`	RECTORS IN 10  Change Addition	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE	OFFICERS AND DIR SD SALZER, SALLY 6510 VALEN WAY NAPLES, FL 34108 D	ECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees	the Way, D 2 34108	RECTORS IN 10 Change DAddition Change DAddition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and fact under 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 AND TYPED OR PRINTED HARM OF SIGNING OFFICER OR DIRECTOR

100 2008 239591-1641
Date Daylare Phone #