

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90276 017 ****61.25

DOCUMENT # N44401

1. Entity Name

VALENCIA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**412 DRAGE DR
 APOPKA FL 32703
 US**

**412 DRAGE DR
 APOPKA FL 32703
 US**

2. Principal Place of Business

3. Mailing Address

404 DRAGE DR.

404 DRAGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APOPKA

APOPKA

City & State

City & State

FL.

FL.

Zip

Country

Zip

Country

32703

US

32703

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PULLING, LAVERGNE
 412 DRAGE DR
 APOPKA FL 32703**

Name **KAREN VANALSTINE**

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

City **APOPKA** **FL** Zip Code **32703**

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

Karen VANALstine
 (NOTE: Registered Agent signature required when reinstating)

1-14-02
 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 **D** ☒ Delete
 NAME **LEVAS, PETER**
 STREET ADDRESS **402 DRAGE DR**
 CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Pres. CHARLES Ritecz**
 STREET ADDRESS **592 DRAGE DRIVE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Delete
 NAME **KENYON, BETTY**
 STREET ADDRESS **507 DRAGE DR**
 CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Officer At Large WALTER EDWARDS**
 STREET ADDRESS **407 DRAGE DRIVE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Delete
 NAME **CAMP, MARGARET PEGGY**
 STREET ADDRESS **595 DRAGE DR**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Change ☐ Addition
 NAME **Vice Pres. Wilburn Green**
 STREET ADDRESS **450 DRAGE DRIVE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Delete
 NAME **PULLING, LAVERGNE**
 STREET ADDRESS **412 DRAGE DR**
 CITY-ST-ZIP **APOPKA FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Treasurer KAREN VANALstine**
 STREET ADDRESS **404 DRAGE DRIVE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Delete
 NAME **PERRINE, WANDA**
 STREET ADDRESS **507 DRAGE DR.**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☒ Change ☐ Addition
 NAME **Sec. VALERIE SHELLEY**
 STREET ADDRESS **531 DRAGE DRIVE**
 CITY-ST-ZIP **APOPKA FL 32703**

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: **Karen VANALstine**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-02 407-884-8005
 Date Daytime Phone #

CR2E037 (9/01)