

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90054 016 ****61.25

54029235



04052004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3096406

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DOCUMENT # N44401

1. Entity Name
VALENCIA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.



Principal Place of Business
**458 DRAGE DRIVE
APOPKA, FL 32703 US**

Mailing Address
**458 DRAGE DRIVE
APOPKA, FL 32703 US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

6. Name and Address of Current Registered Agent
**SHELL, JOYCE E
458 DRAGE DRIVE
APOPKA, FL 32703**

7. Name and Address of New Registered Agent
Name **Walter Edwards**
Street Address (P.O. Box Number is Not Acceptable)
407 Drage Dr.
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Walter Edwards** **Walter Edwards** **April 6-04**
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 May 1, 2004

9. Election Campaign Financing ☐ **\$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	DP	<input checked="" type="checkbox"/> Delete		TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVEY, NORMAN			NAME	Shell, Joyce		
STREET ADDRESS	555 HAWKINS CIRCLE			STREET ADDRESS	458 Drage Dr.		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	DO	<input checked="" type="checkbox"/> Delete		TITLE	DO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, ARNOLD			NAME	Dan Condol		
STREET ADDRESS	502 HAWKINS CIRCLE			STREET ADDRESS	416 Drage Dr.		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARRONE, GUY			NAME	Robert Hayward		
STREET ADDRESS	443 DRAGE DRIVE			STREET ADDRESS	457 Drage Dr.		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	DT	<input checked="" type="checkbox"/> Delete		TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAWKINS, MARY			NAME	Walter Edwards		
STREET ADDRESS	458 DRAGE DRIVE			STREET ADDRESS	407 Drage Dr.		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	Apopka, FL 32703		
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELLBY, VALERIE			NAME	Wanda Perrine		
STREET ADDRESS	531 DRAGE DR.			STREET ADDRESS	571 Oval Ct.		
CITY-ST-ZIP	APOPKA, FL 32703			CITY-ST-ZIP	Apopka, FL 32703		
TITLE		<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: **Walter Edwards** **Walter Edwards** **April 6-04 (407) 886-0270**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #