


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90007 050 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3096406	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EDWARDS, WALTER 407 DRAGE DR. APOPKA, FL 32703				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SHELL, JOYCE		NAME	Walter Edwards	
STREET ADDRESS	458 DRAGE DR.		STREET ADDRESS	407 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	OAKLEY, NANCY		NAME	Wilburn Green	
STREET ADDRESS	459 DRAPE DR		STREET ADDRESS	450 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	TORRES, CONNIE		NAME	Judy Babine	
STREET ADDRESS	573 HAWKINGS CIR		STREET ADDRESS	506 Hawkins Cir.	
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	EDWARDS, WALTER		NAME	Sue Trotta	
STREET ADDRESS	407 DRAGE DR.		STREET ADDRESS	430 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	PERRINE, WANDA		NAME	Geri Ganneth Unrue	
STREET ADDRESS	571 OVAL CT.		STREET ADDRESS	529 Hawkins Cir.	
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP	Apopka, FL 32703	
TITLE	<input 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 exemptions contained in Chapter 119, 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: <u>Walter Edwards</u> <u>Walter Edwards</u> <u>2/25/06</u> <u>407-886-0270</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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