


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 038 \*\*\*\*61.25

<b>DOCUMENT # N44401</b>					
<b>1. Entity Name</b> VALENCIA ESTATES MOBILE HOME OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 458 DRAGE DRIVE APOPKA, FL 32703 US			<b>Mailing Address</b> 458 DRAGE DRIVE APOPKA, FL 32703 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3096406	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  EDWARDS, WALTER 407 DRAGE DR. APOPKA, FL 32703			<b>7. Name and Address of New Registered Agent</b> Name: Sharon Creaton Street Address (P.O. Box Number is Not Acceptable): 435 Drage Dr. City: Apopka FL Zip Code: 32703		
<b>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.</b>  SIGNATURE: <u>Sharon C. Creaton</u> <u>SHARON C. Creaton</u> <u>1/29/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'</b>		
<b>TITLE</b> DP <b>NAME</b> WALTER, EDWARDS <b>STREET ADDRESS</b> 407 DRAGE DR <b>CITY-ST-ZIP</b> APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DP <b>NAME</b> Sharon Creaton <b>STREET ADDRESS</b> 435 Drage Dr. <b>CITY-ST-ZIP</b> Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DO <b>NAME</b> GREEN, WILBURN <b>STREET ADDRESS</b> 450 DRAGE DR <b>CITY-ST-ZIP</b> APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DO <b>NAME</b> Barbara Warner <b>STREET ADDRESS</b> 509 Hawkins Cir. <b>CITY-ST-ZIP</b> Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DV <b>NAME</b> BABINE, JUDY <b>STREET ADDRESS</b> 506 HAWKINS CIR <b>CITY-ST-ZIP</b> APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DV <b>NAME</b> Doug Ball <b>STREET ADDRESS</b> 408 Drage Dr. <b>CITY-ST-ZIP</b> Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DT <b>NAME</b> TROTTA, SUE <b>STREET ADDRESS</b> 430 DRAGE DR <b>CITY-ST-ZIP</b> APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DT <b>NAME</b> Linda Edwards <b>STREET ADDRESS</b> 407 Drage Dr. <b>CITY-ST-ZIP</b> Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> DS <b>NAME</b> UNRUE, GERI G <b>STREET ADDRESS</b> 529 HAWKINS CIR <b>CITY-ST-ZIP</b> APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> DS <b>NAME</b> Sue Trotta <b>STREET ADDRESS</b> 430 Drage Dr <b>CITY-ST-ZIP</b> Apopka, FL 32703	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Linda Edwards</u> <u>Linda Edwards</u> <u>2/29/07</u> <u>407-886-0270</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					