

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44401

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

458 DRAGE DRIVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

458 DRAGE DRIVE
APOPKA, FL 32703 US

New Mailing Address:

407 DRAGE DRIVE
APOPKA, FL 32703 US

FEI Number: 59-3096406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, DOUG
409 DRAGE DR.
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

BALL, DOUG
409 DRAGE DR.
APOPKA, FL 32703 US

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: DOUG BALL

03/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BELL, DOUG
Address: 409 DRAGE DR
City-St-Zip: APOPKA, FL 32703

Title: DO () Delete
Name: STOUTJESDYK, DON
Address: 557 HAWKINS CIR
City-St-Zip: APOPKA, FL 32703

Title: DV () Delete
Name: PERRINE, WANDA
Address: 571 OVAL CT
City-St-Zip: APOPKA, FL 32703

Title: DT () Delete
Name: EDWARDS, LINDA
Address: 407 DRAGE DR
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: TROTTE, SUE
Address: 430 DRAGE DR
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: BALL, DOUG
Address: 409 DRAGE DR
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: COHEN-EDWARDS, LINDA
Address: 407 DRAGE DR
City-St-Zip: APOPKA, FL 32703

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA COHEN-EDWARDS

DT

03/19/2009

Electronic Signature of Signing Officer or Director

Date