

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44401

**FILED**  
**Feb 19, 2010**  
**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:**

407 DRAGE DRIVE  
APOPKA, FL 32703 US

**New Mailing Address:**

**FEI Number:** 59-3096406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

COHEN, LINDA  
407 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: LINDA COHEN

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: PERRINE, WANDA  
Address: 571 OVAL CT  
City-St-Zip: APOPKA, FL 32703

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

Title: DV  
Name: RILEY, WILLIAM  
Address: 581 OVAL CT  
City-St-Zip: APOPKA, FL 32703

Title: DT  
Name: COHEN, LINDA  
Address: 407 DRAGE DR  
City-St-Zip: APOPKA, FL 32703

Title: DS  
Name: TROTTA, SUE  
Address: 430 DRAGE DR  
City-St-Zip: APOPKA, FL 32703

I hereby 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 all other like empowered.

SIGNATURE: LINDA COHEN

DT

02/19/2010

Electronic Signature of Signing Officer or Director

Date