

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2003 8:00 am**  
**Secretary of State**

03-27-2003 90073 007 \*\*\*\*61.25

**DOCUMENT # N44401**

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



Principal Place of Business

**404 DRAGE DR.  
APOPKA FL 32703  
US**

Mailing Address

**404 DRAGE DR.  
APOPKA FL 32703  
US**

2. Principal Place of Business

**458 DRAGE DRIVE**

3. Mailing Address

**458 DRAGE DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**APOPKA FLORIDA**

City & State  
**APOPKA FLORIDA**

4. FEI Number **59-3096406**

Applied For  
Not Applicable

Zip  
**32703**

Country  
**USA**

Zip  
**32703**

Country  
**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**VANALSTINE, KAREN  
404 DRAGE DR.  
APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name **JOYCE E. SHELL**

Street Address (P.O. Box Number is Not Acceptable)

**458 DRAGE DRIVE**

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 *Joyce E. Shell*  
Signature, type or printed name of registered agent and title if applicable.

**TREASURER**  
**JOYCE E. SHELL**

**3/25/03**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete  
NAME **RITECZ, CHARLES**  
STREET ADDRESS **592 DRAGE DR.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **DO** ☒ Delete  
NAME **EDWARDS, WALTER**  
STREET ADDRESS **407 DRAGE DR.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **DV** ☒ Delete  
NAME **GREEN, WILBURN**  
STREET ADDRESS **450 DRAGE DR.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **DT** ☒ Delete  
NAME **VANALSTINE, KAREN**  
STREET ADDRESS **404 DRAGE DR.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **DS** ☒ Delete  
NAME **SHELLBY, VALERIE**  
STREET ADDRESS **531 DRAGE DR.**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition  
NAME **NORMAN DAVEY**  
STREET ADDRESS **555 HAWKINS CIRCLE**  
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DO** ☒ Change ☐ Addition  
NAME **ARNOLD THOMPSON**  
STREET ADDRESS **502 HAWKINS CIRCLE**  
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DV** ☒ Change ☐ Addition  
NAME **GLY MARRONE**  
STREET ADDRESS **442 DRAGE DRIVE**  
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DT** ☒ Change ☐ Addition  
NAME **JOYCE E. SHELL**  
STREET ADDRESS **458 DRAGE DRIVE**  
CITY-ST-ZIP **APOPKA, FL 32703**

TITLE **DS** ☒ Change ☐ Addition  
NAME **MARY HAWKINS**  
STREET ADDRESS **581 OVAL COURT**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE *Joyce E. Shell* **3/25/03 407-884-8548**

CR2E037 (10/02)