

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N49147 (4)

1. Corporation Name

VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 678412
ORLANDO FL 32867-8412
US

P O BOX 678412
ORLANDO FL 32867-8412
US

3. Date Incorporated or Qualified

06/01/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 9103 Brad Court

2a. Mailing Address

26 9804 E. Colonial Dr.

4. FEI Number

59-3182209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Orlando, FL 32825

28 City & State
Orlando, FL 32817

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VITALE, MICHAEL
514 VALENCIA PLACE CIRCLE
ORLANDO FL 32825

81 Name

Joseph E. Frasca R.A.

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

9804 E. Colonial Dr.

83

84 City

Orlando,

FL

85 Zip Code
32817

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Joseph E. Frasca

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

4/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☐ DELETE
NAME NICKERSON, ROXANNE
STREET ADDRESS 9103 BRAD CT
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE
NAME VITALE, MICHAEL
STREET ADDRESS 514 VALENCIA PLACE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE
NAME CALHOUN, WILLIAM
STREET ADDRESS 502 VALENCIA PLACE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE D ☒ DELETE
NAME BALAO, TRACI
STREET ADDRESS 610 VALENCIA PLACE CIRCLE
CITY-ST-ZIP ORLANDO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D P ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME D Howell, Art
2.3 STREET ADDRESS 9012 Kim Court
2.4 CITY-ST-ZIP Orlando, FL 32825

3.1 TITLE S ☐ Change ☒ Addition
3.2 NAME D Spadaro, Trina
3.3 STREET ADDRESS 9108 Brad Court
3.4 CITY-ST-ZIP Orlando, FL 32825

4.1 TITLE T ☐ Change ☒ Addition
4.2 NAME D Puig, Rafael
4.3 STREET ADDRESS 635 Valencia Place Circle
4.4 CITY-ST-ZIP Orlando, FL 32825

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
600001863806
-06/17/96--01047--005
***61.25

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roxanne Nickerson - President

Date

4/29/96

Daytime Phone #

(407) 381-6178

CR2E037 (12/95)