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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

9103 BRAD COURT  
ORLANDO FL 32825  
US

Mailing Address

P.O. BOX 677307  
ORLANDO FL 32867-7307  
US3. Date Incorporated or Qualified  
06/01/19923a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 490 Valencia Place Cr.  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City &amp; State

23 Orlando, FL

Zip

24 32825

Country

25 USA

City &amp; State

27

Zip

28

Country

30

4. FEI Number

59-3182209

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

FRASCA, JOSEPH E  
9804 E. COLONIAL DR.  
ORLANDO FL 32817

10. Name and Address of New Registered Agent

81 Name

Frasca, Joseph E.

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

9816 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME NICKERSON, ROXANNE  
STREET ADDRESS 9103 BRAD CT  
CITY-ST-ZIP ORLANDO FL  
☒ DELETETITLE VD  
NAME HOWELL, ART  
STREET ADDRESS 9012 KIM COURT  
CITY-ST-ZIP ORLANDO FL 32825  
☒ DELETETITLE SD  
NAME SPADARO, TRINA  
STREET ADDRESS 9108 BRAD COURT  
CITY-ST-ZIP ORLANDO FL 32825  
☒ DELETETITLE TD  
NAME PUIG, RAFAEL  
STREET ADDRESS 635 VALENCIA PLACE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32825  
☒ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Hitchcock, Joseph  
1.3 STREET ADDRESS 490 Valencia Place Cr.  
1.4 CITY-ST-ZIP Orlando, FL 32825  
☐ Change ☒ Addition2.1 TITLE VD  
2.2 NAME Balencie, Matt  
2.3 STREET ADDRESS 520 Valencia Place Cr.  
2.4 CITY-ST-ZIP Orlando, FL 32825  
☐ Change ☒ Addition3.1 TITLE S/T/D  
3.2 NAME Cathy Tiedge  
3.3 STREET ADDRESS 568 Valencia Place Cr.  
3.4 CITY-ST-ZIP Orlando, FL 32825  
☐ Change ☒ Addition4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I do 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 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:

Joseph Hitchcock

1-14-97

(407) 381-5971

CR2E037 (9/96)