

DOCUMENT # N49147

1. Entity Name

VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

**490 VALENCIA PLACE CIRCLE
ORLANDO FL 32825
US**

Mailing Address

**P.O. BOX 677307
ORLANDO FL 32867-7307
US**

2. Principal Place of Business

7523 Aloma Avenue

3. Mailing Address

Suite, Apt. #, etc.
#210

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Zip

32792

Country

USA

Zip

Country

4. FEI Number

59-3182209

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FRASCA, JOSEPH
7523 ALOMA AVENUE SUITE 210
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(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
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HITCHCOCK, JOSEPH	
STREET ADDRESS	490 VALENCIA PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	MOWBRY, JOHN	
STREET ADDRESS	556 VALENCIA PL CR	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	TIEDGE, CATHY	
STREET ADDRESS	568 VALENCIA PLACE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	MARSDEN, JOHN	
STREET ADDRESS	436 VALENCIA PLACE CI	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	D	<input type="checkbox"/> Delete
NAME	STOUGH, JASON	
STREET ADDRESS	622 VALENCIA PLACE CIR	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Frost	
STREET ADDRESS	629 Valencia Place Circle	
CITY-ST-ZIP	Orlando, FL 32825	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Mowbry	
STREET ADDRESS	556 Valencia PL CR	
CITY-ST-ZIP	Orlando, FL 32825	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Marsden	
STREET ADDRESS	436 Valencia Pl Cr	
CITY-ST-ZIP	Orlando, FL 32825	

TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jason Stough	
STREET ADDRESS	622 Valencia Pl Cr	
CITY-ST-ZIP	Orlando, FL 32825	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

907-448-7065

Daytime Phone #