

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90101 033 ****61.25

DOCUMENT # N49147

1. Entity Name

VALENCIA PLACE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**7523 ALOMA AVE
 #210
 WINTER PARK FL 32792
 US**

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

2. Principal Place of Business

**4962 N. Palm Ave
 Suite, Apt. #, etc.
 Winter Park, FL
 City & State**

3. Mailing Address

Suite, Apt. #, etc.

City & State

4. FEI Number **59-3182209**

Applied For

Not Applicable

Zip **32792-9111**

Country **US**

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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

**Joseph Frasca
 90 Preferred Community Management
 4962 N. Palm Avenue
 Winter Park FL 32792-9111**

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

Joseph Frasca

JOSEPH FRASCA

1/21/02

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	STD	<input checked="" type="checkbox"/> Delete
NAME	FROST, SUSAN	
STREET ADDRESS	629 VALENCIA PL CIR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOWBRY, JOHN	
STREET ADDRESS	556 VALENCIA PL CR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DP	<input type="checkbox"/> Delete
NAME	MARSDEN, JOHN	
STREET ADDRESS	436 VALENCIA PLACE CI	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DVP	<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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BRACH	
STREET ADDRESS	629 VALENCIA PLACE CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARA L. WALL	
STREET ADDRESS	460 VALENCIA PLACE CIR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 JOHN MARSDEN

1/23/02

907-273-5562

CR2E037 (9/01)