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Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N92000000260 (1)
1. Corporation Name

VALENCIA PALMS HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
2212 S. CHICKASAW TRAIL, SUITE 186
ORLANDO FL 32825

Mailing Address
P.O. BOX 677381
ORLANDO FL 32867

3. Date Incorporated or Qualified

11/06/1992

4. FEI Number

59-3241152

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2212 S. Chickasaw Trl.

22 City & State

27 186

23 Zip

Country

28 ORLANDO FL

29 32825

Country

30 USA

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution



\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes

No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

PHILLIPS, JOHN
623 MAPLE FOREST DRIVE
ORLANDO FL 32825

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME PHILLIPS, JOHN
STREET ADDRESS 623 MAPLE FOREST DRIVE
CITY-ST-ZIP ORLANDO FL 32825

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME GARCIA, MICHAEL
STREET ADDRESS 616 MAPLE FOREST DR.
CITY-ST-ZIP ORLANDO FL 32825

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME KING, DEANNA
STREET ADDRESS 608 MAPLE FOREST DR
CITY-ST-ZIP ORLANDO FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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]

3/23/98

407-282-5549

CR2E037 (10/97)