

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90033 027 ****61.25

DOCUMENT # N92000000260

1. Entity Name

VALENCIA PALMS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2212 S. CHICKASAW TRAIL, SUITE 186
 ORLANDO FL 32825

2212 S. CHICKASAW TRL
 SUITE 186
 ORLANDO FL 32825-8414
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3241152

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PHILLIPS, JOHN
623 MAPLE FOREST DRIVE
ORLANDO FL 32825

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **Vice President Director**
 STREET ADDRESS **Gina Church**
 CITY-ST-ZIP **601 Maple Forest Dr**
ORLANDO FLORIDA 32825

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

TITLE Change Addition
 NAME **Secretary Director**
 STREET ADDRESS **Daniel Cheney**
 CITY-ST-ZIP **615 Maple Forest Dr**
ORLANDO FLORIDA 32825

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 another like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00
 Date

4072825549
 Daytime Phone #

CR2E037 (9/99)