

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

0027756

DOCUMENT # N92000000260

1. Entity Name

VALENCIA PALMS HOMEOWNERS' ASSOCIATION, INC.

03-26-2001 90158 027 ****61.25

Principal Place of Business

Mailing Address

**2212 S. CHICKASAW TRAIL, SUITE 186
 ORLANDO FL 32825**

**2212 S. CHICKASAW TRL
 SUITE 186
 ORLANDO FL 32825
 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: PTD Delete
 NAME: PHILLIPS, JOHN
 STREET ADDRESS: 623 MAPLE FOREST DRIVE
 CITY-ST-ZIP: ORLANDO FL 32825

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD Delete
 NAME: CHURCH, GINA
 STREET ADDRESS: 601 MAPLE FOREST DR
 CITY-ST-ZIP: ORLANDO FL 32825

TITLE: VD Change Addition
 NAME: ROBERT TAYLOR
 STREET ADDRESS: 648 MAPLE FOREST DR
 CITY-ST-ZIP: ORLANDO FL 32825

TITLE: SD Delete
 NAME: CHENEY, DANIEL
 STREET ADDRESS: 615 MAPLE FOREST DR
 CITY-ST-ZIP: ORLANDO FL 32825

TITLE: SD Change Addition
 NAME: SHARON BUTT
 STREET ADDRESS: 624 MAPLE FOREST DR
 CITY-ST-ZIP: ORLANDO FL 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 all other like empowered.

SIGNATURE: *John W Phillips* JOHN W PHILLIPS

3/26/01

407 681 2874

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)