

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N92000000260

1. Entity Name
VALENCIA PALMS HOMEOWNERS' ASSOCIATION, INC.



FILED
Apr 28, 2004 08:00 AM
Secretary of State

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

Mailing Address
**2212 S. CHICKASAW TRL
SUITE 186
ORLANDO, FL 32825 US**



04242004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3241152 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PHILLIPS, JOHN
623 MAPLE FOREST DRIVE
ORLANDO, FL 32825**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when resigning)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000136157
04/28/04-80084-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD PHILLIPS, JOHN 623 MAPLE FOREST DRIVE ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TAYLOR, ROGER T 648 MAPLE FOREST DR ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HACKETT, JUANITA 608 MAPLE FOREST DR. ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Date: 4-26-04 Daytime Phone #: 407 222 5549