

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # N92000000260

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



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



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3241152	Applied For Not Applicable
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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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

10. OFFICERS AND DIRECTORS

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

TITLE	VD
NAME	TAYLOR, ROGER T
STREET ADDRESS	648 MAPLE FOREST DR
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	SD
NAME	HACKETT, JUANITA
STREET ADDRESS	608 MAPLE FOREST DR.
CITY-ST-ZIP	ORLANDO, FL 32825

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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 01/24/05-80171-DIT 61.25

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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 1-18-05 4072825549
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #