


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 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**

**DO NOT WRITE IN THIS SPACE**



04112006 No Chg-NP CR2E037 (11/05)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2006**

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000506700  
 04/27/06-80034-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] Resident 4-11-06 4072825548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #