

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2007  
Secretary of State**

DOCUMENT# N92000000260

Entity Name: VALENCIA PALMS HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3241152      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: PHILLIPS, JOHN  
Address: 623 MAPLE FOREST DRIVE  
City-St-Zip: ORLANDO, FL 32825

Title: VD ( ) Delete  
Name: TAYLOR, ROGER T  
Address: 648 MAPLE FOREST DR  
City-St-Zip: ORLANDO, FL 32825

Title: SD ( ) Delete  
Name: HACKETT, JUANITA  
Address: 608 MAPLE FOREST DR.  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: TAYLOR, ROBERT T  
Address: 648 MAPLE FOREST DR  
City-St-Zip: ORLANDO, FL 32825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PHILLIPS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PTD

04/30/2007

\_\_\_\_\_  
Date