FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 04 1997 8:00am

Secretary of State

904-224-1205

1-22.97

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

SIGNATURE:

N9200000668 (5)

Mailing Address

VALENCIA SQUARE TOWNHOMES CONDOMINIUMS ASSOCIATION, INC.

317 E CALL ST TALLAHASSE FL 32301				P O BOX 4148 Tallahassee FL 32315-4148									
US				US					3. Date Incorporated or Qualified 12/08/1992	3a. Da	ite of Last f 03/04/19	Report 96	
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			pplied For		
21				26				59-3181679		<u> </u>	lot Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional lequired		
	City & State			City & State				6. Election Campaign Financing \$5.00 May Be					
23	Zip	т	Country	Zip Country				Trust Fund Contribution			to Fees		
24	-		25	29 30				- 1	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
						81	Name						
	DYE, DON D							A .1.1	(6.6.5				
317 E CALL ST						82	Street	Addres	s (P.O. Box Number is Not Acceptab	le)			
TALLAHASSEE FL 32301						83							
<u> </u>						84	City			FL	11	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.													
SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12	<u>.</u>		OFFICERS AND		13	****		7	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12	
TIT	tΕ	PD		. DELETE	1.1 TITLE					Change	Addition		
NA	ME	DYE, DOI	N D		1.2	NAME					•		
STE	REET ADDRESS 2020 E. FOREST-DR				1.3 STREET ADDRESS		31	7 E. CALL ST.					
CIT	Y-ST-ZIP	TALLAHA	SSEE FL 32303		1.4 CITY-ST-ZIP		1	allahass er fl 323	10/				
TIT	LE.	D		☐ DELETE	2.1 TITLE					Change Change	Addition		
NA:	ME	Dye, mai			2.2	NAME							
STE	STREET ADDRESS 2023-E-FOREST-DR				2.3 STREET ADDRESS		283	33 MCGLURE DR.					
CIT	Y-ST-ZIP	TALLAHA	SSEE F L		2.4	CITY-S	T-ZIP	70	LLAHASSEE, FL 323	12			
TIT	LE	VSTD		☐ DELETE	3.1	TITLE			•		Change	☐ Addition	
NA	ME		IO, JAMES L		3.2	NAME							
STE	REET ADORESS		EEMS RD		3.3	STREET	ADDRESS						
$\overline{}$	Y-ST-ZIP	TALLAHA	SSEE FL			CITY-S	T-ZIP						
TIT				☐ DELETE		TITLE					☐ Change	Addition	
NAI	I				1	2 NAME							
	REET ADDRESS				4.3	STREET	ADDRESS						
	Y-ST-ZIP					CITY-\$1	r- ZIP	ļ	· · · · · · · · · · · · · · · · · · ·				
	LE			☐ DELETE		TITLE					Change	Addition	
NAI	+					NAME							
	REET ADDRESS						ADDRESS						
	Y-ST-ZIP			☐ DELETE		CITY-\$1	1 - ZIP	ļ			1 0	A material	
TIT	i			TT DETEIR		TITLE					Change	Addition	
NAI	ŀ					NAME							
	REET ADDRESS						ADDRESS						
	Y-St-ZIP [ov certify that	the information supplied	with this filing does not quali	ity for th	CITY-SI	motion s	Stated in	Section 119 07/3/(i) Florida Statuto	e I further	cortify that	the	
14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed; or on an attachment with an address.												idar aathi that	

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