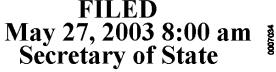
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9200000668



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VALENCIA SQUARE TOWNHOMES CONDOMINIUMS ASSOCIATI Principal Place of Business Mailing Address 1312 OLD VILLAGE ROAD 1312 OLD VILLAGE ROAD TALLAHASSE FL 32312 TALLAHASSE FL 32312 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3181679 Applied For City & State City & State Not Applicable Žip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANAUSA, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 3520 THOMASVILLE ROAD, FOURTH FLOOR TALLAHASSEE FL 32309 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE' ☐ Delete TITLE ☐ Change Addition BRANNON, ROSS F NAME STREET ADDRESS 1312 OLD VILLAGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSE FL 32312 Delete TITLE ☐ Change ☐ Addition SHIVER, SPENCER NAME NAME STREET ADDRESS 1312 OLD VILLAGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSE FL 32312 Delete Change ☐ Addition TITLE TITLE SHIVER, TYOMA NAME NAME STREET ADDRESS 1312 OLD VILLAGE ROAD STREET ADDRESS TALLAHASSE FL 32312 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: