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May 09 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004821 (5)
1. Corporation Name

VALENCIA WOODS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business Mailing Address
2180 WEST SR 434 2180 WEST SR 434
5000 5000
LONGWOOD FL 32779 LONGWOOD FL 32779-5044
US US

3. Date Incorporated or Qualified 10/26/1993 3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-3212175 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DELGADO, JOSEPH			1.2 NAME	GOODRICK, PATRIC		
STREET ADDRESS	8687 FOLEY DR.			1.3 STREET ADDRESS	8750 FOLEY DR		
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-ST-ZIP	ORLANDO FL		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOK, VERONICA			2.2 NAME	HOOK, VERONICA		
STREET ADDRESS	235 TWISTING TRAIL			2.3 STREET ADDRESS	235 TWISTING TRAIL		
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP	ORLANDO FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PETRY, VERONICA M			3.2 NAME	JUNKERMAN, IRENE		
STREET ADDRESS	2269 LEE RD., SUITE 101			3.3 STREET ADDRESS	8750 FOLEY DR		
CITY-ST-ZIP	WINTER PARK FL			3.4 CITY-ST-ZIP	ORLANDO FL		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LYONS, TONY			4.2 NAME	LYONS, TONY		
STREET ADDRESS	8680 FOLEY DR.			4.3 STREET ADDRESS	8680 FOLEY DR		
CITY-ST-ZIP	ORLANDO FL			4.4 CITY-ST-ZIP	ORLANDO FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOWARD, SCOTT			5.2 NAME			
STREET ADDRESS	MARONDA HOMES, INC., 377 MAITLAND AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	ALTAMONTE SPRINGS FL			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIVERO, CARLOS			6.2 NAME			
STREET ADDRESS	CAFE HOMES, INC., 1602 RIO COVE CT.			6.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			6.4 CITY-ST-ZIP			

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.

SIGNATURE: *Veronica M. Petry* 4/14/97

CR2E037 (9/96)