

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004821 (5)**

1. Corporation Name

**VALENCIA WOODS HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2180 WEST SR 434  
5000  
LONGWOOD FL 32779  
US**

**2180 WEST SR 434  
5000  
LONGWOOD FL 32779  
US**

2. Principal Place of Business

**21 135 W. Pineview St.**

Suite, Apt. #, etc.

City & State

**23 Altamonte Springs, Fl.**

Zip

**24 32714**

Country

**25 US**

2a. Mailing Address

**26 135 W. Pineview St.**

Suite, Apt. #, etc.

City & State

**28 Altamonte Springs, Fl.**

Zip

**29 32714**

Country

**30 US**

3. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

**10/26/1993**

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

**Presidential Group South, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)

**135 W. Pineview Street**

83

84 City

**Altamonte Springs**

**FL**

85 Zip Code

**32714**

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

**Anthony Guadagnino**

**5-26-98**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOODRICK, PATRIC</b>	
STREET ADDRESS	<b>8750 FOLEY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOOK, VERONICA</b>	
STREET ADDRESS	<b>235 TWISTING TRAIL</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JUNKERMAN, IRENE</b>	
STREET ADDRESS	<b>8750 FOLEY DR.</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LYONS, TONY</b>	
STREET ADDRESS	<b>8880 FOLEY DR.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Goodrick, Patric</b>	
1.3 STREET ADDRESS	<b>8715 Foley Drive</b>	
1.4 CITY-ST-ZIP	<b>Orlando, Fl. 32825</b>	

2.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Crown, Stephanie</b>	
2.3 STREET ADDRESS	<b>240 Danville Road</b>	
2.4 CITY-ST-ZIP	<b>Orlando, Fl. 32825</b>	

3.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Barilka, Dottie</b>	
3.3 STREET ADDRESS	<b>204 Danville Drive</b>	
3.4 CITY-ST-ZIP	<b>Orlando, Fl. 32825</b>	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

*Notarized Signature*

FILED

98 JUL 17 PM 1:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E037 (10/97)

**REINSTATEMENT**

**598153900535-5**  
-07/24/98--01031-0001  
**598153900535-5**  
-06/01/98--97882--015  
\*\*\*\*\*61.25 \*\*\*\*\*61.25  
**060198 97882 015**  
**\$61.25**  
**DEP. \$61.25**