


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90066 038 \*\*\*\*61.25

<b>DOCUMENT # N93000004821</b>			
1. Entity Name <b>VALENCIA WOODS HOMEOWNER'S ASSOCIATION, INC.</b>			
Principal Place of Business <b>1633 E. VINE ST., STE. 110 KISSIMMEE, FL 34744 US</b>		Mailing Address <b>1633 E. VINE ST., STE. 110 KISSIMMEE, FL 34744 US</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**14002363**



03192004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3212175**

Applied For	Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LELAND MANAGEMENT, INC. 1633 E. VINE ST., STE. 110 KISSIMMEE, FL 34744		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 *Rebecca Leland*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/8/04*

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAFFILLI, SUSAN	NAME	Zarrilli, Susan
STREET ADDRESS	8691 FOLEY DRIVE	STREET ADDRESS	8691 Foley Dr.
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO FL 32825
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALMAN, JOANN	NAME	Baerman, Jo Ann
STREET ADDRESS	8714 FOLEY DR.	STREET ADDRESS	8714 Foley Dr.
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	ORLANDO FL 32825
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACEVEDO, CHRISTINA	NAME	
STREET ADDRESS	8613 CLAIBORNE	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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: *Susan Zarrilli* **SUSAN Zarrilli** *3/20/04* **3/20/04** *407-277-2284* **407-277-2284**