

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90309 028 ****61.25

DOCUMENT # N93000004821

1. Entity Name
VALENCIA WOODS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
1633 E. VINE ST., STE. 110
KISSIMMEE, FL 34744 US

Mailing Address
1633 E. VINE ST., STE. 110
KISSIMMEE, FL 34744 US

50043823



2. Principal Place of Business

8009 S. ORANGE AVE

3. Mailing Address

8009 S ORANGE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152005 Chg-NP CR2E037 (10/03)

City & State

Orlando, FL

City & State

Orlando FL

4. FEI Number
59-3212175

Applied For
Not Applicable

Zip
32809

Country
USA

Zip
32809

Country
USA

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

6. Name and Address of Current Registered Agent

LELAND MANAGEMENT, INC.
1633 E. VINE ST., STE. 110
KISSIMMEE, FL 34744

7. Name and Address of New Registered Agent

Name Leland Management, Inc.

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

8009 S. ORANGE AVE.

City Orlando

FL

Zip Code 32809

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/05

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE PD
NAME ZARRILLI, SUSAN
STREET ADDRESS 8691 FOLEY DRIVE
CITY-ST-ZIP ORLANDO, FL 32825 ☐ Delete

TITLE SD
NAME BAALMAN, JOANN
STREET ADDRESS 8714 FOLEY DR.
CITY-ST-ZIP ORLANDO, FL 32825 ☐ Delete

TITLE D
NAME ACEVEDO, CHRISTINA
STREET ADDRESS 8613 CLAIBORNE
CITY-ST-ZIP ORLANDO, FL 32825 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 T. Zarrilli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 407-277-2284
Date Daytime Phone #