

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000000467 (0)**
1. Corporation Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: **7491 CONROY-WINDERMERE RD. ORLANDO FL 32835**
Mailing Address: **7491 CONROY-WINDERMERE RD. ORLANDO FL 32835**

3. Date Incorporated or Qualified: **01/31/1994**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business: **2180 PARK AVE. NORTH**
2a. Mailing Address: **2180 PARK AVENUE NORTH**
22. Suite, Apt. #, etc.: **SUITE 326**
27. Suite, Apt. #, etc.: **SUITE 326**
23. City & State: **WINTER PARK, FL**
28. City & State: **WINTER PARK, FL**
24. Zip: **32789** Country: **USA**
29. Zip: **32789** 30. Country:

4. FEI Number: **59-3232374**
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:
**SWANN, CHRISTIAN M
1031 WEST MORSE AVE.
SUITE 200
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent:
81. Name: **PAUL C PALMER JR.**
82. Street Address (P.O. Box Number is Not Acceptable): **7053 University Blvd.**
83.
84. City: **Winter Park** FL 85. Zip Code: **32792**

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: *Paul C Palmer Jr* DATE: **4/30/96**

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JULIAN, CARL R	
STREET ADDRESS	7491 CONROY-WINDERMERE RD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	YOUNG, MICHAEL D	
STREET ADDRESS	7491 CONROY-WINDERMERE RD.	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	SWANN, CHRISTIAN M	
STREET ADDRESS	1031 W. MORSE BLVD., SUITE 200	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul Palmer, Jr.	
1.3 STREET ADDRESS	7053 University Blvd.	
1.4 CITY-ST-ZIP	Winter Park, FL 32792	
2.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rosemary W. Palmer	
2.3 STREET ADDRESS	7053 University Blvd.	
2.4 CITY-ST-ZIP	Winter Park, FL 32792	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carole Arnold	
3.3 STREET ADDRESS	7053 University Blvd	
3.4 CITY-ST-ZIP	Winter Park, FL 32792	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul C Palmer Jr* DATE: **4/30/96** Daytime Phone #: **407-920-657**

CR2E037 (12/95)