

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 11 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2160 PARK AVENUE. N. SUITE 326 WINTER PARK FL 32789 US	Mailing Address 2160 PARK AVENUE. N. SUITE 326 WINTER PARK FL 32789 US
--	--

3. Date Incorporated or Qualified 01/31/1994	
4. FEI Number 59-3232374	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**PAUL CLAMER, JR.
7053 UNIVERSITY BLVD.
SUITE 200
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

81 Name Beth M. Jordan	
82 Street Address (P.O. Box Number is Not Acceptable) 2180 N. Parle Ave Suite 326	
83	
84 City Winter Park	85 Zip Code FL 32789

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: *Beth M. Jordan* DATE: **4/20/98**

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 DPC	NAME PAUL PALMER, JR.	STREET ADDRESS 7053 UNIVERSITY BLVD.	CITY-ST-ZIP WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE DV	NAME RODNEY W. PALMER	STREET ADDRESS 7053 UNIVERSITY BLVD.	CITY-ST-ZIP WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE DST	NAME CAROLE ARNOLD	STREET ADDRESS 7053 UNIVERSITY BLVD.	CITY-ST-ZIP WINTER PARK FL	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 72

1.1 TITLE PD	NAME Anthony, Frank	STREET ADDRESS 720 Mclean Ct.	CITY-ST-ZIP Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE DV	NAME Forrestier, Evelyn	STREET ADDRESS 717 Mclean Ct.	CITY-ST-ZIP Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE DST	NAME Holloway, Michael	STREET ADDRESS 839 Mclean Ct.	CITY-ST-ZIP Orlando, FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank Anthony* DATE: **4-27-98**

CR2E037 (10/97)