

FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90043 007 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000000467

1. Corporation Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

2180 PARL AVENUE. N.
 SUITE 326
 WINTER PARK FL 32789
 US

Mailing Address

2180 PARK AVENUE. N.
 SUITE 326
 WINTER PARK FL 32789
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

01/31/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3232374

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, BRETH M
 2180 N PARK AVE
 SUITE 326
 WINTER PARK FL 32792

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, ANTHONY	
STREET ADDRESS	720 MCLEAN CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	FORRESTIER, EVELYN	
STREET ADDRESS	717 MCLEAEN CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	HOLLOWAY, MICHAEL	
STREET ADDRESS	839 MCLEAN CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robles, Jorge	
1.3 STREET ADDRESS	835 McLean Ct.	
1.4 CITY-ST-ZIP	Orlando, FL 32825	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Schuster, Daryl	
2.3 STREET ADDRESS	724 McLean Ct.	
2.4 CITY-ST-ZIP	Orlando, FL 32825	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hankins, Marilyn	
3.3 STREET ADDRESS	713 McLean Ct.	
3.4 CITY-ST-ZIP	Orlando, FL 32825-6364	
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		

**SIGN
 HERE**



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, with all other like empowered.

SIGNATURE:

Jorge Robles

4-10-99 107-647-3122

CR2E037 (11/98)