

2000 UNIFORM BUSINESS REPORT (UBR)

5/15/00-90095-029-\$61.25-\$61.25

DOCUMENT # N94000000467

1. Entity Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.

FILED

00 JUN -9 PM 12: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 32789-2358 US
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2. Principal Place of Business 444 West New England Avenue Suite Apt. #, etc. B	3. Mailing Address 444 West New England Avenue Suite Apt. #, etc. B
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City & State Winter Park Florida	City & State Winter Park, Florida	4. FEI Number 59-3232374	Applied For Not Applicable
Zip 32789	Country USA	Zip 32789	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: KEVIN M. DAVIS
Street Address (P.O. Box Number is Not Acceptable): 444 West New England Avenue, Suite B
Winter Park, FL
City: Winter Park FL Zip Code: 32789

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.

SIGNATURE: [Signature] Kevin M. Davis DATE: 4/24/10
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	ROBELS, JORGE	<input type="checkbox"/> Delete
STREET ADDRESS	835 MCCLEAN CT		
CITY-ST-ZIP	ORLANDO FL 32825		
TITLE	VD	SCHUSTER, DARYL	<input type="checkbox"/> Delete
STREET ADDRESS	724 MCCLEAN CT.		
CITY-ST-ZIP	ORLANDO FL 32825		
TITLE	DST	HOLLOWAY, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	713 MCCLEAN CT		
CITY-ST-ZIP	ORLANDO FL 32825-8364		
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ID	ROBELS, JORGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	835 MCCLEAN COURT		
CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	STD	Hankins, Marilyn	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	713 McLean Court		
CITY-ST-ZIP	Orlando, FL 32825		
TITLE	D	Schuster, Daryl	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	724 McClean Ct.		
CITY-ST-ZIP	Orlando, FL 32825		
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
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: [Signature] MARYLIN HANKINS DATE: 4/24/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)