2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90127 044 ****61.25

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1. Entity Name

VALENCIA POINTE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
444 WEST NEW ENGLAND AVENUE SUITE B WINTER PARK FL 32789 US	444 WEST NEW ENGLAND AVENUE SUITE B WINTER PARK FL 32789 US

C0044156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3232374 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVIS, KEVIN M 444 WEST NEW ENGLAND AVENUE SUITE B WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ 3/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ROBLES, JORGE 835 MCCLEAN CT ORLANDO FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Frank Dalbo 720 McLean Ct Orlando, Fl 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUSTER, DARYL 724 MCCLEAN CT. ORLANDO FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MICHAEL ADAMI 721 McLean Court Orlando, Fl 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HANKINS, MARILYN 713 MCCLEAN CT ORLANDO FL 32825	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PAULETTE TORRES 830 McLean Court Orlando, Fl 32825	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 REQUIRED 3/26/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #