

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005653 (8)

VALENCIA LAKES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039	Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071-6039
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3. Date Incorporated or Qualified 11/01/1996		
4. FEI Number 65-0739318	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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 checked="" type="checkbox"/> Yes <input 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 type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Country
25. Country	2e. Zip
26. Country	2f. Zip

9. Name and Address of Current Registered Agent

FANT, ALAN
1401 UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS FL 33071-6039

10. Name and Address of New Registered Agent

81 Name **ISAACSON, WILLIAM K.**

82 Street Address (P.O. Box Number is Not Acceptable)
5295 TOWN CENTER ROAD,

83 SUITE 200

84 City **BOCA RATON** **FL** **85 Zip Code** **33486**

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 617.0508, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-17-98**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTELLO, RICHARD A	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FANT, ALAN	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
TITLE	STO	<input checked="" type="checkbox"/> DELETE
NAME	PORTNOY, LAWRENCE	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	
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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THERESA FOWLER	
1.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARY ARKIN	
2.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BARBARA SMITH	
3.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	COSTELLO, RICHARD A	
4.3 STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	
4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071-6039	
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 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: *[Signature]* **4/16/98 (954) 753-1730**

GARY ARKIN, VICE PRESIDENT/DIRECTOR

Date: 4/16/98 Daytime Phone #: 0026154

CR2E037 (10/97)