

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90018 003 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005653**

1. Corporation Name  
**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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 11/01/1996 4. FEI Number 65-0739318 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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9. Name and Address of Current Registered Agent IRAACSON, WILLIAM K. 5295 TOWN CENTER ROAD SUITE 200 BOCA RATON FL 33486	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <del>DELETE</del>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTELLO, RICHARD A	1.2 NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, THERESA	2.2 NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, BARBARA	3.2 NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071-6039	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARKIN, GARY	4.2 NAME	
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: GARY ARKIN 3/5/99 954-753-1730  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037-(1/1/98)