

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90147 005 \*\*\*\*61.25

**DOCUMENT # N96000005653**

1. Entity Name  
**VALENCIA LAKES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>1401 UNIVERSITY DRIVE          SUITE 200          CORAL SPRINGS FL 33071-6039</b>	Mailing Address <b>5295 TOWN CENTER ROAD          SUITE 200          BOCA RATON FL 33486-1080          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**6300 Park of Commerce Blvd.**

3. Mailing Address  
**6300 Park of Commerce Blvd.**

Suite, Apt. #, etc.

City & State <b>BOCA RATON FL</b>	City & State <b>Boca Raton FL</b>	4. FEI Number <b>65-0739318</b>	Applied For <input type="checkbox"/>
Zip <b>33487</b>	Country	Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>IRAACSON, WILLIAM K.          5295 TOWN CENTER ROAD          SUITE 200          BOCA RATON FL 33486</b>	7. Name and Address of New Registered Agent Name <b>MYRON J. SWINNEY</b> Street Address (r.o. box Number is Not Acceptable) <b>6300 PARK OF COMMERCE BLVD.</b> City <b>BOCA RATON FL</b> Zip Code <b>33487-8290</b>
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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 (NOTE: Registered Agent signature required when reinstating)

DATE **4/26/00**

10. **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 <b>PD</b>	NAME <b>FOWLER, THERESA</b>	TITLE <b>PD</b>	NAME <b>GEORGE GLAZER PRESIDENT</b>
STREET ADDRESS <b>1401 UNIVERSITY DRIVE, SUITE 200</b>	CITY-ST-ZIP <b>CORAL SPRINGS FL 33071-6039</b>	STREET ADDRESS <b>11589 PUERTO BLVD.</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FLA 33437</b>
TITLE <b>STD</b>	NAME <b>SMITH, BARBARA</b>	TITLE <b>VP</b>	NAME <b>LARRY STERN, V.P.</b>
STREET ADDRESS <b>1401 UNIVERSITY DRIVE, SUITE 200</b>	CITY-ST-ZIP <b>CORAL SPRINGS FL 33071-6039</b>	STREET ADDRESS <b>11680 CASTELLON CT.</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FLA 33437</b>
TITLE <b>VD</b>	NAME <b>ARKIN, GARY</b>	TITLE <b>TRP</b>	NAME <b>FRAN FISCHER, TREASURER</b>
STREET ADDRESS <b>1401 UNIVERSITY DRIVE, SUITE 200</b>	CITY-ST-ZIP <b>CORAL SPRINGS FL 33071</b>	STREET ADDRESS <b>11788 CASTELLON CT.</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FLA 33437</b>
TITLE <b>SD</b>	NAME <b>STANLEY SPIVACK, SECRETARY</b>	STREET ADDRESS <b>11782 CARACAS BLVD.</b>	CITY-ST-ZIP <b>BOYNTON BEACH, FLA 33437</b>
TITLE	NAME	SEE ATTACHED FOR ADDITIONAL LIST OF DIRECTORS	

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** **4/27/00** **561-737-8498**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

#N96000005653  
A0059615

D  
JACK ROWMAN  
11334 VIVERO AVENUE  
BOYNTON BEACH, FLORIDA 33437

CHANGE

D  
DAN KARAS  
11738 CARACAS BLVD.  
BOYNTON BEACH, FLORIDA 33437

CHANGE

D  
ARTHUR GUTERMAN  
7549 CITRONELLA COURT  
BOYNTON BEACH, FLORIDA 33437

CHANGE