

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000000631	
1. Entity Name VALENCIA VILLAS CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 900 W 49 ST STE-220 HIALEAH, FL 33012	Mailing Address 900 W 49 ST STE-220 HIALEAH, FL 33012



04222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0939566	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DELATORRE, CLEMENTE J 900 W 49 ST STE-220 HIALEAH, FL 33012

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE *[Signature]* **4/19/2004**
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000140836 04/29/04-80178-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CUETO, OSCAR 900 W 49TH STREET STE 220 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD NIGUEL, REYES 900 W 49TH STREET STE 220 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD VALDEZ, DAVID R 900 W 49TH STREET STE 220 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **MIGUEL REYES, DIRECTOR 4/27/2004 (305) 821-7668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #