2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90419 043 ****61.25

DOCUMENT # N97000000631

1. Entity Name
VALENCIA VILLAS CONDOMINIUM ASSOCIATION, INC.

40060032

Principal Place of Business	Mailing Address
~~7750 WEST 26TH AVE~~ ~~STE 4~~ ~~HIALEAH, FL 33016~~	~~PO BOX 160849~~ 2200 nw 102 Ave ~~HIALEAH, FL 33016~~ No. 5 Miami, FL 33172

04122006 No Chg-NP CR2E037 (11/05)

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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

~~FLORIDA'S PROPERTY MGMT GROUP~~ SPM Group, Inc
~~7750 WEST 26TH AVE~~ 2200 nw 102 Ave
~~SUITE 4~~ No. 3
~~HIALEAH~~, FL 33016 Miami, FL 33172

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

SIGNATURE _____ 4/13/06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LLORENS, ORIA M
STREET ADDRESS	3264 W 70 ST., APT. 102
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	V
NAME	VEGA, ANDRES
STREET ADDRESS	3298 W 70 STREET, APT. 105
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	T
NAME	MORERA, JORGE
STREET ADDRESS	3250 WEST 70 STREET, APT. 102
CITY-ST-ZIP	HIALEAH, FL 33018
TITLE	S
NAME	~~VALDES, DAVID~~
STREET ADDRESS	~~3262 WEST 70 ST., APT. 201~~
CITY-ST-ZIP	~~HIALEAH, FL 33018~~
TITLE	D
NAME	REYES, MIGUEL
STREET ADDRESS	7750 WEST 26TH AVE #4
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4/13/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #