2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 24, 2008
Secretary of State

DOCUMENT# N97000000631

Entity Name: VALENCIA VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

VALENCIA VILLAS CONDO
HIALEAH, FL 33016

New Principal Place of Business:

Current Mailing Address:

PO BOX 160847
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-0939566 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

VALENCIA VILLAS CONDO, ASSOC.
PO BOX 160847
3264 W 70ST #102
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

LLORENS, ORIA M
3264 W 70ST
#102
HIALEAH, FL 33016 US

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: ORIA M LLORENS 09/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LLORENS, ORIA M
Address: 3264 WEST 70 STREET APT 102
City-St-Zip: HIALEAH, FL 33018

Title: VP ( ) Delete
Name: VEGA, ANDRES
Address: 3298 WEST 70 STREET APT 105
City-St-Zip: HIALEAH, FL 33018

Title: T ( ) Delete
Name: MORERA, JORGE
Address: 3250 WEST 70 SREET APT 102
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete
Name: REYES, MIGUEL
Address: 3280 WEST 70 STREET APT 102
City-St-Zip: HIALEAH, FL 33018

Title: S ( ) Delete
Name: RODRIGUEZ, RODRIGO A
Address: 3242 WEST 70 STREET APT 102
City-St-Zip: HIALEAH, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORIA M LLORENS P 09/24/2008
Electronic Signature of Signing Officer or Director — Date