

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90028 042 ****61.25

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1. Entity Name

VALENCIA OF HILLSBOROUGH HOMEOWNERS'
ASSOCIATION INC.



Principal Place of Business

409 E COLLEGE AVE
RUSKIN, FL 33570 US

Mailing Address

PO BOX 1058
RUSKIN, FL 33575 US

DO NOT WRITE IN THIS SPACE



02132008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-3460340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, DE ANNE
409 E COLLEGE AVE
RUSKIN, FL 33570

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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, 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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
REMER, ROBERT
602 VALENCIA PARK DRIVE
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
JOHNIS, LAURA
505 VALENCIA PARK DR
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
WOOLRIDGE, JAMES
401 VALENCIA PARK DRIVE
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ORENDORF, CINDY
509 VALENCIA PARK DR
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RESCINITI, ANGELO
402 VALENCIA PARK DRIVE
SEFFNER, FL 33584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/26/08

813-645-1569