

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000998

FILED  
Feb 17, 2009  
Secretary of State

**Entity Name:** VALENCIA OF HILLSBOROUGH HOMEOWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

409 E COLLEGE AVE  
RUSKIN, FL 33570 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1058  
RUSKIN, FL 33575 US

**New Mailing Address:**

**FEI Number:** 59-3460340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

KING, DEE ANNE  
409 E COLLEGE AVE  
RUSKIN, FL 33570 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: DEE ANNE KING

02/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: REMER, ROBERT  
Address: 602 VALENCIA PARK DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: PD ( ) Delete  
Name: JOHNS, LAURA  
Address: 505 VALENCIA PARK DR  
City-St-Zip: SEFFNER, FL 33584

Title: SD ( ) Delete  
Name: WOOLRIDGE, JAMES  
Address: 401 VALENCIA PARK DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: VD ( ) Delete  
Name: ORENDORF, CINDY  
Address: 509 VALENCIA PARK DR  
City-St-Zip: SEFFNER, FL 33584

Title: D ( ) Delete  
Name: RESCINITI, ANGELO  
Address: 402 VALENCIA PARK DRIVE  
City-St-Zip: SEFFNER, FL 33584

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VD (X) Change ( ) Addition  
Name: WOOLRIDGE, JAMES  
Address: 401 VALENCIA PARK DRIVE  
City-St-Zip: SEFFNER, FL 33584

Title: SD (X) Change ( ) Addition  
Name: ORENDORF, CINDY  
Address: 509 VALENCIA PARK DR  
City-St-Zip: SEFFNER, FL 33584

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: DEE ANNE KING

RA

02/17/2009

Electronic Signature of Signing Officer or Director

Date