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04-06-1999 90051 018 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000001656

1. Corporation Name

VALENCIA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE FL 32257

Mailing Address

ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE FL 32257



2. Principal Place of Business

21 445 State Rd 13 N

2a. Mailing Address

26 445 STATE RD 13 N

3. Date Incorporated or Qualified

03/24/1997

Suite, Apt. #, etc.

22 Suite 26-225

Suite, Apt. #, etc.

27 SUITE 26-225

4. FEI Number

59-3458794

Applied For

Not Applicable

City & State

23 Fruit Cove, FL

City & State

28 Fruit Cove, FL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 32259

Country

25 USA

Zip

29 32259

Country

30 USA

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SMITH, V. HAWLEY JR  
ONE SAN JOSE PLACE  
SUITE 7  
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name FIRST COAST Management Co.  
82 Street Address (P.O. Box Number is Not Acceptable) 445 STATE RD. 13 N.  
83 Suite 26-225  
84 City Fruit Cove FL 85 Zip Code 32259

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kathy Hoche First Coast mgmt Co.

3/10/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	SMITH, V. HAWLEY JR	2767 FOREST CIRCLE	JACKSONVILLE FL 32257	<input type="checkbox"/>
VD	DUNGEY, MARY L	2200 HAMMOCK-OAKS DR N	JACKSONVILLE FL 32223	<input type="checkbox"/>
STD	BLOOD, PRISCILLA	12803 BAY OAKS LANE E	JACKSONVILLE FL 32223	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	RUDY, STEPHEN	4245 Via Valencia	JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/>
VD	STONE, SHARON	4237 Via Valencia	JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/>
STD	FRIEDMAN, PAT	4285 Via Valencia	JACKSONVILLE, FL 32217	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathy Hoche

3/10/99

904 292-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)