

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90281 043 ****61.25

DOCUMENT # N97000001656

1. Entity Name

VALENCIA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

445 STATE RD 13N
 SUITE 26-225
 FRUIT COVE FL 32259

445 STATE RD 13N
 SUITE 26-225
 FRUIT COVE FL 32259

2. Principal Place of Business

3. Mailing Address

FIRST Coast Mgmt Co,
 Suite, Apt. #, etc.
3617 Crown Pt. Rd # 8

FIRST Coast Mgmt Co
 Suite, Apt. #, etc.
3617 Crown Pt Rd # 8

City & State
Jacksonville FL

City & State
Jacksonville, FL

Zip
32257

Country
USA

Zip
32257

Country
USA

4. FEI Number **59-3458794**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FIRST COAST MANAGEMENT CO.
445 STATE RD. 13N
SUITE 26-225
FRUIT COVE FL 32259

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PULDY, STEPHEN 4245 VIA VALENCIA JACKSONVILLE FL 32217	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STONE, SHARON 4237 VIA VALENCIA JACKSONVILLE FD 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FRIEDMAN, PAT 4285 VIA VALENCIA JACKSONVILLE FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTTLIEB, Jeff 4221 VIA VALENCIA JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 REQUIRED 1/25/01 904/292-1100
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

11377
 CR2E037 (10/00)