

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90161 027 ****61.25

DOCUMENT # N97000001656

1. Entity Name

VALENCIA PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

**FIRST COAST MGMT CO.
3617 CROWN PT. RD. #8
JACKSONVILLE FL 32257**

Mailing Address

**FIRST COAST MGMT CO.
3617 CROWN PT. RD. #8
JACKSONVILLE FL 32257**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3458794

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**



1st MOORE

CR2E037 (10/04)

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

KATHY HOCKLE / First Coast Mgmt

Street Address (P.O. Box Number is Not Acceptable)

3617 Crown Pt Rd Ste 8

City

Jacksonville

FL

Zip Code

32257

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

Kathy Hockle **KATHY HOCKLE**

(NOTE: Registered Agent signature required when reinstating)

3/3/05

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
VD	POWELL, LAURA	4253 VIA VALENCIA	JACKSONVILLE FD 32217	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
STD	HATCH, GARY	4213 VIA VALENCIA CIR.	JACKSONVILLE FL 32217	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	GOTILIEB, JEFF	4221 VIA VALENCIA	JACKSONVILLE FL 32217	<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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:

Kathy Hockle **KATHY HOCKLE**

3/3/05

Date

904/292-1100

Daytime Phone #