


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90023 042 ****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 c/o Awakenings Assoc. Mgmt., Inc 4213 County Road 218			
City & State Suite 1 Middleburg, Florida 32068		Country	
Zip		Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOCKLE, KATHY 3617 CROWN PA RD STE 8 JACKSONVILLE, FL 32257		Name Delcomyn, VINA	
		Street Address (P.O. Box Number is Not Acceptable) 4213 County Rd 218	
		Suite Suite 1	
		City Middleburg	
		FL 32068	
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 <i>Vina C. Delcomyn</i>		SIGNATURE <i>VINA C. Delcomyn</i>	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE 1/16/06		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
		\$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	VD POWELL, LAURA 4253 VIA VALENCIA JACKSONVILLE, FD 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HATCH, GARY 4213 VIA VALENCIA CIR. JACKSONVILLE, FL 32217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOTILIEB, JEFF 4221 VIA VALENCIA JACKSONVILLE, FL 32217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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"/> Delete	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 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: <i>[Signature]</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date 1/16/06	
		Daytime Phone # 301-4475	



01122006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-3458794** Applied For Not Applicable

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