

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001656

FILED
Feb 20, 2007
Secretary of State

Entity Name: VALENCIA PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O AWAKENINGS ASSOC. MGMT. INC.
4213 COUNTY RD. 218, STE. 1
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

C/O AWAKENINGS ASSOC. MGMT. INC.
4213 COUNTY RD. 218, STE. 1
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3458794 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELCOMYN, VINA
9213 COUNTY RD. 218
SUITE 1
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

DELCOMYN, VINA
4213 COUNTY RD. 218
SUITE 1
MIDDLEBURG, FL 32068 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: VINA C DELCOMYN

02/20/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: POWELL, LAURA
Address: 4253 VIA VALENCIA
City-St-Zip: JACKSONVILLE, FD 32217

Title: STD () Delete
Name: BRODSKY, ERNEST
Address: 4268 VIA VALENCIA CIRCLE
City-St-Zip: JACKSONVILLE, FL 32217

Title: PD () Delete
Name: GOTTLIEB, JEFF
Address: 4221 VIA VALENCIA
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PD (X) Change () Addition
Name: GOTTLIEB, JEFF
Address: 4221 VIA VALENCIA
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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: JEFF GOTTLIEB

DP

02/20/2007

Electronic Signature of Signing Officer or Director

Date