

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001656

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: VALENCIA PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

11861 REMSEN ROAD  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 600099  
JACKSONVILLE, FL 32260

**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:**

CONANT, ELTON  
11861 REMSEN ROAD  
JACKSONVILLE, FL 32223      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: PULDY, STEPHEN  
Address: 4245 VIA VALENCIA  
City-St-Zip: JACKSONVILLE, FL 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: STD (X) Change ( ) Addition  
Name: PULDY, STEPHEN  
Address: 4245 VIA VALENCIA  
City-St-Zip: JACKSONVILLE, FL 32217

Title: VD (X) Change ( ) Addition  
Name: WITTEN, BUNNY  
Address: 4213 VIA VALENCIA CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32217

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

I hereby certify that the information supplied with this filing does not qualify 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: ELTON CONANT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

RA

01/15/2009

\_\_\_\_\_ Date