

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90093 043 \*\*\*\*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**



CHECK HERE IF MAKING CHANGES

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

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 28-225  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
VD	STONE, SHARON 4237 VIA VALENCIA JACKSONVILLE FD 32217	<input checked="" type="checkbox"/> Delete	
STD	GALLEY, PATRICIA 4284 VIA VALENCIA JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	
PD	GOTLIEB, JEFF 4221 VIA VALENCIA JACKSONVILLE FL 32217	<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	VD Powell, Laura 4253 VIA VALENCIA JACKSONVILLE, FL 32217
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	
		<input type="checkbox"/> Delete	

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 OF JEFF GOTLIEB**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jeff GOTLIEB 2/13/03 292-1180**

CR2E037 (10/02)