


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90100 035 ****61.25

DOCUMENT # 717234					
1. Entity Name VICTORIA PARK TOWER ASSOCIATION, INC.					
Principal Place of Business 900 NE 18TH AVE FT. LAUDERDALE, FL 33304 US			Mailing Address 900 NE 18TH AVE FT. LAUDERDALE, FL 33304 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MORGAN, KAREN 900 NE 18TH AVE. #1408 FORT LAUDERDALE, FL 33304				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DIRECTOR <input type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORGAN, KAREN	NAME	BETTY LEONE		
STREET ADDRESS	900 NE 18TH AVE. #1408	STREET ADDRESS	900 NE 18TH AVE #407		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP	FT LAUDERDALE FL 33304		
TITLE	VP PRESIDENT <input type="checkbox"/> Delete	TITLE	KEN SCHAEFFER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STACEY, WALLY	NAME	900 NE 18TH AVE # 1003		
STREET ADDRESS	900 N. E. 18TH AVE #1008	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	SEPE, VINCE	NAME			
STREET ADDRESS	900 NE 18TH AVE., #1404	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL-33304	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE			
NAME	MALOUF, GEORGE	NAME			
STREET ADDRESS	900 N E 18TH AVE # 1401	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	KEATING, TIM	NAME			
STREET ADDRESS	900 NE 18TH AVE., #403	STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	SPOHR, JUDY	NAME			
STREET ADDRESS	900 NORTHEAST 18TH AVENUE	STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	CITY-ST-ZIP			
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: <i>W STACEY</i>			APR 13/05 954-7642134		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

20032854



03312005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1318150 Applied For Not Applicable

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

FL

Filing 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	DIRECTOR <input type="checkbox"/> Delete
NAME	MORGAN, KAREN
STREET ADDRESS	900 NE 18TH AVE. #1408
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	VP PRESIDENT <input type="checkbox"/> Delete
NAME	STACEY, WALLY
STREET ADDRESS	900 N. E. 18TH AVE #1008
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D <input type="checkbox"/> Delete
NAME	SEPE, VINCE
STREET ADDRESS	900 NE 18TH AVE., #1404
CITY-ST-ZIP	FORT LAUDERDALE, FL-33304
TITLE	S <input type="checkbox"/> Delete
NAME	MALOUF, GEORGE
STREET ADDRESS	900 N E 18TH AVE # 1401
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D <input type="checkbox"/> Delete
NAME	KEATING, TIM
STREET ADDRESS	900 NE 18TH AVE., #403
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D <input type="checkbox"/> Delete
NAME	SPOHR, JUDY
STREET ADDRESS	900 NORTHEAST 18TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304

TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BETTY LEONE
STREET ADDRESS	900 NE 18TH AVE # 407
CITY-ST-ZIP	FT LAUDERDALE FL 33304
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEN SCHAEFFER
STREET ADDRESS	900 NE 18TH AVE # 1003
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *W STACEY*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 13/05 954-7642134
 Date Daytime Phone #