


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

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90145 025 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-1318150**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**LIEB, HERBERT
5636 NW 108 HWY
POMPANO BEACH FL 33076**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CURASI, MIKE	
STREET ADDRESS	900 N.E. 18TH AVE., #1208	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STACEY, WALLY	
STREET ADDRESS	900 N. E. 18TH AVE #1008	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERBERT, LIEB	
STREET ADDRESS	5363 NW 108 WAY	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
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	LEONE, BETTY	
STREET ADDRESS	900 NE 18TH AVE #407	
CITY-ST-ZIP	FT. LAUD FL 33304	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPOHR, JUDY	
STREET ADDRESS	900 NORTHEAST 18TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	

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: *Michael Roberts President*

CR2E037 (10/02)