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Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750388** (1)
1. Corporation Name
VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % BUDCO MGT 16614 SADDLE CLUB RD FT. LAUDERDALE FL 33326 US	Mailing Address % BUDCO MGT 16614 SADDLE CLUB RD FT. LAUDERDALE FL 33326-1806 US
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2. Principal Place of Business 21 WEST BROWARD PROP. MGMT	2a. Mailing Address 26
Suite, Apt. #, etc. 22 P.O. BOX, 551390	Suite, Apt. #, etc. 27 P.O. Box 551390
City & State 23 Ft. LAUD FL	City & State 28 Ft. LAUD FL
Zip 24 33355	Country 25 US
Zip 29 33355	Country 30 US

3. Date Incorporated or Qualified 12/28/1979	3a. Date of Last Report 03/15/1996
4. FEI Number 59-2168911	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BUDCO MANAGEMENT 16614 SADDLE CLUB RD FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent 81 Name WEST BROWARD PROPERTY MGMT
82 Street Address (P.O. Box Number is Not Acceptable) 11530 STATE ROAD 84
83
84 City DAVIE FL 85 Zip Code 33325

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE *Matthew P. Adams* **MATTHEW P. ADAMS** **4/16/97**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	SIMPSON, DEBBIE	
STREET ADDRESS	215 NE 16 AVE #303	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SO	<input type="checkbox"/> DELETE
NAME	TURNER, MAUREEN	
STREET ADDRESS	215 NE 16TH AVE, #305	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HARRISON, CHRISTINE	
STREET ADDRESS	215 NE 16 AVE S205	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTMAN, MARY ANN	
STREET ADDRESS	215 NE 16 AVE #201	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	SANCHEZ, OMAR	
STREET ADDRESS	215 NW 16TH AVE #104	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIN, PHILIP	
STREET ADDRESS	215 NE 16 AVE #203	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	S, D	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINTERN, VINCENT	
3.3 STREET ADDRESS	215 NE 16 AVE 306	
3.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33306	
4.1 TITLE	b	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TOSI, ROBERT	
4.3 STREET ADDRESS	215 NE 16 AVE # 304	
4.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	T, D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CONNIE, LAY	
6.3 STREET ADDRESS	215 NE 16 AVE #206	
6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew P. Adams* **MATTHEW P. ADAMS** **4/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037409

CR2E037 (9/96)