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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750388

1. Corporation Name
VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.

A0070858

[redacted]

Principal Place of Business	Mailing Address
%WEST BROWARD PROP. MGMT.	~~% BUDCO MGT~~
~~P O BOX 551390~~	~~P O BOX 551390~~
~~FT LAUDERDALE FL 33355~~	~~FT LAUDERDALE FL 33355~~
US	~~US~~

2. Principal Place of Business	2a. Mailing Address
21 Victoria Palms	26 Crest Property Mgmt
Suite, Apt. #, etc. 22 215 NE 16th Ave	Suite, Apt. #, etc. 27 PO Box 452347
City & State 23 Ft. Lauderdale	City & State 28 Sunrise
Zip 24 33313 Country 25 USA	Zip 29 33345 Country 30 USA

3. Date Incorporated or Qualified: 12/28/1979
4. FEI Number: 59-2168911 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~WEST BROWARD PROPERTY MGMT.~~
~~11530 STATE RD 84~~
~~DAVIE FL 33325~~

10. Name and Address of New Registered Agent

81 Name: Crest Property Mgmt
82 Street Address (P.O. Box Number is Not Acceptable): 4700 Hiatus Rd #156
83
84 City: Sunrise FL 85 Zip Code: 33345

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 [signature] 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	P, D	☐ Change ☒ Addition
NAME	SIMPSON, DEBBIE		1.2 NAME	CONSTANCE LAY	
STREET ADDRESS	215 NE 16 AVE #303		1.3 STREET ADDRESS	215 NE 16 AVE #206	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	FT. LAUDERDALE,	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, MAUREEN		2.2 NAME		
STREET ADDRESS	215 NE 16TH AVE, #305		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	3.1 TITLE	T, D	☒ Change ☐ Addition
NAME	LINTERN, VINCENT		3.2 NAME		
STREET ADDRESS	215 NE 16 AVE #306		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D Delete	☐ Change ☒ Addition
NAME	HARTMAN, MARY ANN		4.2 NAME	RUTH SELF	
STREET ADDRESS	215 NE 16 AVE #201		4.3 STREET ADDRESS	215 NE 16 AVE # 103	
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP	FT. LAUDERDALE	
TITLE	TD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SANCHEZ, OMAR		5.2 NAME	MAUREEN HOWARD	
STREET ADDRESS	215 NW 16TH AVE #104		5.3 STREET ADDRESS	215 NE 16 AVE # 301	
CITY-ST-ZIP	FT. LAUDERDALE FL		5.4 CITY-ST-ZIP	FT LAUDERDALE	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, PHILIP		6.2 NAME		
STREET ADDRESS	215 NE 16 AVE #203		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Connie Lay President 4/28/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #