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

FILED
Apr 23, 2002 8:00 am
Secretary of State
04-23-2002 90323 043 ****61.25

DOCUMENT # 750388

1. Entity Name
VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
215 N.E. 16TH AVENUE	C/O MERIDIAN REALTY MGMT
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 460909
City & State FT. LAUD. FL	City & State FT. LAUD., FL
Zip 33301 Country USA	Zip 33346 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2168911 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DAVID BURGESS

Street Address (P.O. Box Number is Not Acceptable)
C/O MERIDIAN REALTY MGMT
2170 S.E. 17TH ST. #207

City FT. LAUDERDALE FL Zip Code 33316

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.

SIGNATURE _____ DAVID J. BURGESS AS AGENT 4/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	PD	TITLE	
NAME	TURNER, MAUREEN	NAME	
STREET ADDRESS	215 NE 16 AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD., FL 33301	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	KLEIN, PHILIP	NAME	
STREET ADDRESS	215 N.E. 16 AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD., FL 33301	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	HOWARD, MAUREEN	NAME	
STREET ADDRESS	215 NE 16 AVE	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	FT. LAUD., FL 33301	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	LAY, CONNIE	NAME	IN THIS SPACE
STREET ADDRESS	215 NE 16 AVE	STREET ADDRESS	
CITY-ST-ZIP	FT. LAUD, FL 33301	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

FILE NOW: FILING FEE IS $61.25

FILED
May 21, 2001 8:00 a
Secretary of State
05-21-2001 90362 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 750388 / 035015

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.	Suite, Apt. #, etc.
22 215 NE 16th Ave	27 POBox 452347
City & State	City & State
23 Ft. Lauderdale	28 Sunrise
Zip / Country	Zip / Country
24 33313 25 USA	29 33345 30 USA

3. Date Incorporated or Qualified: 12/28/1979

4. FEI Number: 59-2168911 ☐ Applied For ☐ Not Applica

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.~~
~~11590 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: 33351

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 registere 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: Donald R Castle — 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 1		
TITLE	SD	☒ DELETE	1.1 TITLE	P, D	☐ Change ☒ Ad
NAME	SIMPSON, DEBBIE		1.2 NAME	CONSTANCE LAM	
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 ☐ Ad
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 ☐ Ad
NAME	LINTERN, VINCENT		3.2 NAME		
STREET ADDRESS	215 NE 16 AVE #308		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	D Delete	☐ Change ☒ Ad
NAME	HARTMAN, MARY ANN		4.2 NAME	RUTH SELF	