

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90274 013 ****61.25

DOCUMENT # 750388

1. Entity Name

VICTORIA PALMS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

215 NE 16TH AVE
FORT LAUDERDALE FL 33301
US

Mailing Address

C/O MERIDIAN REALTY MGMT
P O BOX 460909
FORT LAUDERDALE FL 33346
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2168911

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

BURGEES, DAVID
C/O MERIDIAN REALTY MGMT
2170 S.E. 17TH ST. #207
FORT LAUDERDALE FL 33316

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 ~~PD~~ ☐ Delete
NAME TURNER, MAUREEN
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE PD ☒ Delete
NAME TAMBURRY, CAROLYN
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE SD ☒ Delete
NAME GARCIA, ONELIA
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ~~ID~~ ☐ Delete
NAME CONNIE, LAY
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE ~~DD~~ ☐ Delete
NAME THOMAS MELOT
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FT. LAUD. FL 33301

TITLE ~~SD~~ ☐ Delete
NAME KELLY MORGAN
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FT. LAUD. FL 33301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~TD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~D~~ ☒ Change ☐ Addition
NAME SHAWN CROOKER
STREET ADDRESS 215 NE 16 AVE
CITY-ST-ZIP FT. LAUD., FL 33301

TITLE ~~VPD~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Connie Lay

4-27-06