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03-02-1999 90061 024 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 761003

1. Corporation Name
VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
650 NE 149 ST
MIAMI FL 33161-2279

Mailing Address
650 NE 149 ST
MIAMI FL 33161-2279



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/09/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2383837	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
30	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TEMELCOVITCH, MARIA 650 NE 149 STREET STE. 302A N MIAMI FL 33161				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VPD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DOMINGO VARGAS			1.2 NAME			
STREET ADDRESS	7508 AVENTURA AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33141			1.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUBES, CAROL			2.2 NAME			
STREET ADDRESS	650 N.E. 149 ST., #102A			2.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WELLMAN, DANIELLE			3.2 NAME			
STREET ADDRESS	5045 S.W. 63 AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUZ SOLANO			4.2 NAME			
STREET ADDRESS	650 N.E. 149TH ST. 402A			4.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI FL 33161			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENA, DRISTIAN			5.2 NAME	YAYA, JORGE F.		
STREET ADDRESS	650 N.E. 149 ST., #505F			5.3 STREET ADDRESS	13720 S.W. 102 CRT.		
CITY-ST-ZIP	N. MIAMI FL			5.4 CITY-ST-ZIP	MIAMI, FL 33176		
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIMENEZ, ROSELIO			6.2 NAME			
STREET ADDRESS	650 NE 149TH ST, #505A			6.3 STREET ADDRESS			
CITY-ST-ZIP	N MIAMI FL 33161			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: MARIA TEMELCOVITCH 1-20-99 305-944-9968
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #

CR2E037 (11/98)