


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761003**  
 1. Entity Name  
 VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 650 NE 149 ST OFFICE MIAMI, FL 33161-2279	Mailing Address 650 NE 149 ST OFFICE MIAMI, FL 33161-2279
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2383837	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SOUIRGI, CARMEN  
 650 NE 149 ST  
 APT 205-A  
 MIAMI, FL 33161

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SOUIRGI, CARMEN 650 NE 149TH ST., 205-A N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE SOLANO, OTTO 650 N.E. 149TH ST. 401A N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA TEMELCOVITH, MARIA 650 NE 149TH ST 302A N. MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECR MENDOZA, VILMA 650 NE 149TH STREET APT 109A MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR PEREZ, ISIDRO 650 NE 149TH STREET APT 506A MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SURIEL, MARIA 650 NE 149TH STREET APT 506F MIAMI, FL 33161

UD00000794692  
 01/28/08-80018-003 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **M. TEMELCOVITCH**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER**

Date: **1/18/08** Daytime Phone #: **305-944-9968**