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Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H86528** **(7)**

1. Corporation Name
VICTORY ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6950 46TH AVE NORTH ~~LOT #19~~ ST. PETE FL 33709 US	6950 46TH AVE NORTH ~~LOT #19~~ ST. PETE FL 33709 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: LOT 51	Suite, Apt. #, etc. 27: LOT 51
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2675984 ☐ 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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~TIMKO, RICHARD D~~ ~~6950 46TH AVENUE NORTH~~ ~~LOT #53~~ ~~ST. PETERSBURG FL 33709~~	81 Name: Bryan K. McLechlan 82 Street Address (P.O. Box Number is Not Acceptable): 9750 Seminole Boulevard 83 84 City: Seminole FL 85 Zip Code: 33775

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: BMD — April 6, 1998 (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	PD	☒ DELETE	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	ARRUDA, NANCY		1.2 NAME	HARLEY, MARILYN	
STREET ADDRESS	6950 46TH AVE NORTH #19		1.3 STREET ADDRESS	6950 46th AVENUE NORTH	
CITY-ST-ZIP	ST. PETE FL 33709		1.4 CITY-ST-ZIP	ST. PETERSBURG FL. 33709	
TITLE	SD	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	KERNEN, CINDY		2.2 NAME	MUELLER, PAUL	
STREET ADDRESS	6950 46TH AVE NORTH #1		2.3 STREET ADDRESS	6950 46th AVENUE N. LOT 29	
CITY-ST-ZIP	ST. PETE FL 33709		2.4 CITY-ST-ZIP	St. Petersburg, FL. 33709	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAVILAND, BARBARA		3.2 NAME		
STREET ADDRESS	6950 46TH AVE NORTH #51		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE FL 33709		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE	SD	☑ Change ☑ Addition
NAME	TIMKO, RICHARD D		4.2 NAME	DRAYTON, GRACE	
STREET ADDRESS	6950 46TH AVE NORTH #53		4.3 STREET ADDRESS	6950 46th AVE. NO. #30	
CITY-ST-ZIP	ST. PETE FL 33709		4.4 CITY-ST-ZIP	ST. PETE FL 33709	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MELOS, PETER		5.2 NAME		
STREET ADDRESS	6950 46TH AVE NORTH #9		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE FL 33709		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] April 6, 1998 813-545-1914