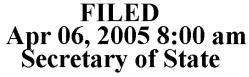
2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



1. Entity Name VICTORY ESTATES HOMEOWNERS ASSOCIATION, INC.					04-06-2005 90104 014 ***150.00			
Principal Place of Business 6950 46TH AVE NORTH OFFICE ST. PETE FL 33709 US		Mailing Address 6950 46TH AVE NORTH OFFICE ST. PETE FL 33709 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)			
City & State		City & State		4. FEI Nun	59-2675984	<u> </u>	oplied For ot Applicable	
- Zip	Country_	Zip	Country	5. Certifica	ate of Status Desired	\$8.75 Add		
	6. Name and Address of Current F	Registered Agent		7. Name a	nd Address of New Registere	d Agent		
Name								
HIRSCH DE HAAN, ELLEN 5999 CENTRAL AVENUE STE 104 SAINT PETERSBURG FL 33710			Street A	ddress (P.O. Box Number is Not Acceptable)				
		City		4 TT4 = ===1	FL Zip Code			
8. The above	named entity submits this statement for items of registered agent.	the purpose of changing its	egistered office or	r registered agent, or	-	_	and accept	
SIGNATURE .	ish of rogists od agont.							
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	Registered Agent signat	ure required when reinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 May 1, 2005 Fee Will Be \$550.00 (Payable to Florida Department of	State			Election Campaign Final Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees	
10.	OFFICERS AND I	DIRECTORS	11.	ADDITION	IS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAILEY, GENE 6950 46TH AVENUE, #19 ST. PETE FL 33709	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORNSBY, KAROLYN 6950 46TH AVENUE NORTH ST. PETE FL 33709	☐ Delele	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME -STREET ADDRESST	S ESSIG, BARBARA 6950'48TH'AVENUE'NORTH	☐ Delete	TITLE NAMESTREET ADDRESS-			☐ Change	Addition	
CITY-ST-ZIP	ST. PETE FL 33709		CITY-ST-ZIP					
TITLE NAME	D RILEY, EVERETT	Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	6930 46TH AVENUE NORTH ST. PETE FL 33709		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	P HALEY, ERIC	☐ Delete	TITLE NAME	V	·	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	6950 46TH AVENUE NORTH ST. PETE FL 33709		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ANDRESS		☐ Delete	TITLE NAME			☐ Change	Addition	

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 607, 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NG OFFICER OF DIRECTOR

Daytime Phone #