


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90134 010 ****61.25

DOCUMENT # N00000003985

1. Entity Name
THE SHORES AT VICTORIA ISLES ASSOCIATION, INC.



Principal Place of Business
**1750 UNIVERSITY DRIVE
 SUITE #205
 CORAL SPRINGS, FL 33071**

Mailing Address
**1750 UNIVERSITY DRIVE
 SUITE #205
 CORAL SPRINGS, FL 33071**

50006467



2. Principal Place of Business		3. Mailing Address		01262006	Chg-NP	CR2E037 (11/05)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-1037185		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071				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 _____ 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, 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HABEL, JUDY			NAME	Lenny Goldberg		
STREET ADDRESS	5757 NW 49TH LANE			STREET ADDRESS	5737 NW 49 Ln		
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP	Coconut Creek, FL 33073		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	Vice Pres	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PHELPS, JAMES			NAME			
STREET ADDRESS	4873 NW 59 CT			STREET ADDRESS			
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HARCARICK, CHRISTINE			NAME	Norman Shulman		
STREET ADDRESS	4865 NW 58TH PLACE			STREET ADDRESS	4848 NW 58 Pl		
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP	Coconut Creek, FL 33073		
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KLEINER, HARVEY			NAME	Peter Deblasi		
STREET ADDRESS	4845 NW 58TH PLACE			STREET ADDRESS	5897 NW 49 Ln		
CITY-ST-ZIP	POMPANO BEACH, FL 33073			CITY-ST-ZIP	Coconut Creek, FL 33073		
TITLE		<input type="checkbox"/> Delete		TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Paul Rooney		
STREET ADDRESS				STREET ADDRESS	4823 NW 59 Ct		
CITY-ST-ZIP				CITY-ST-ZIP	Coconut Creek, FL 33073		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: Leonard Goldberg President LEONARD GOLDBERG President 3/4/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone