


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000003985 1. Entity Name THE SHORES AT VICTORIA ISLES ASSOCIATION, INC.	
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Principal Place of Business 1750 UNIVERSITY DRIVE SUITE #205 CORAL SPRINGS, FL 33071	Mailing Address 1750 UNIVERSITY DRIVE SUITE #205 CORAL SPRINGS, FL 33071
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DO NOT WRITE IN THIS SPACE

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01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-1037185	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SWIFT MANAGEMENT SOLUTIONS
1750 UNIVERSITY DRIVE
#205
CORAL SPRINGS, FL 33071**

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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 \$81.25
Due by May 1, 2007**

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	P GOLDBERG, LENNY 5737 NW 49 LANE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PHELPS, JAMES 4873 NW 59 CT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHULMAN, NORMAN 4848 NW 58 PLACE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DEBLASI, PETER 5797 NW 49 LANE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROANEY, PAUL 4823 NW 59 COURT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/26/07-80007-006 61.25

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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 117, 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: *Norman Shulman* 2/14/07 3416341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #