


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

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90044 010 \*\*\*\*61.25

<b>DOCUMENT # N00000003985</b>					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, LENNY			NAME	
STREET ADDRESS	5737 NW 49 LANE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input 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	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHULMAN, NORMAN			NAME	
STREET ADDRESS	4848 NW 58 PLACE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP	
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBLASI, PETER			NAME	
STREET ADDRESS	5797 NW 49 LANE			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROANEY, PAUL			NAME	
STREET ADDRESS	4823 NW 59 COURT			STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK, FL 33073			CITY-ST-ZIP	
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: <i>Leonard Goldberg</i>				Date: <i>2/29/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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4. FEI Number 65-1037185 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required