2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003985

FILED Jan 23, 2009 Secretary of State

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

Current Principal Place of Business:				New Principal Place of Business:		
SUITE #20	ERSITY DRIVE 5 PRINGS, FL 33					
Current Mailing Address:				New Mailing Address:		
SUITE #20	ERSITY DRIVE 5 PRINGS, FL 33					
FEI Number:	65-1037185	FEI Number Applied For () FEI Nur	nber Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agen	t:	Name and	Address of New Registered Agent:	
SWIFT MANAGEMENT SOLUTIONS 1750 UNIVERSITY DRIVE #205 CORAL SPRINGS, FL 33071 US						
	named entity s of Florida.	submits this statement for	the purpose of	of changing it	ts registered office or registered agent, or both,	
SIGNATUF	RE:					
	Electron	ic Signature of Registered	d Agent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () GOLDBERG, LE 5737 NW 49 LA COCONUT CRE	NE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () PHELPS, JAME 4873 NW 59 CT COCONUT CRE	•		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () SHULMAN, NOF 4848 NW 58 PL COCONUT CRE	ACE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ROANEY, PAUL 4823 NW 59 CO COCONUT CRE	DURT		Title: Name: Address: City-St-Zip:	D (X) Change () Addition ROONEY, PAUL 4823 NW 59 COURT COCONUT CREEK, FL 33073	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D () Change (X) Addition RUSSO, CORRIE 5715 NW 49 WAY COCONUT CREEK, FL 33073	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNY GOLDBERG P 01/23/2009