


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N00000003985**

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



**90150553**

Principal Place of Business INFERRENTY PROPERTY MGMT 952 UNIVERSITY DR. CORAL SPRINGS, FL 33075	Mailing Address P.O. BOX 8726 CORAL SPRINGS, FL 33075
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2. Principal Place of Business 20423 St. Rd 7 Suite, Apt., #, etc. SUITE F-6 PMB 505	3. Mailing Address 20423 St. Rd 7, Suite, Apt., #, etc. SUITE F-6 PMB 505
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CHECK HERE IF MAKING CHANGES

City/State Boca Raton, FL	City/State Boca Raton, FL	4. FEI Number 65-1037185	Applied For Not Applicable
Zip 33498	Country	Zip 33498	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**GESSTIN, JOSHUA**  
 1616 N FEDERAL HIGHWAY  
 SUITE 300  
 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

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 J.J. DATE

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when returning)

FILE NOW - FEES \$61.25 (Initial Amended UBR)	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDBERG, LEONARD 6737 NW 49 LANE COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PHELPS, JAMES 4873 NW 69 CT COCONUT CREEK, FL 33073 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEINSTEIN, ROSS 5827 NW 49 LANE COCONUT CREEK, FL 33073 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP JUDY HABEL 5757 NW 49 1/2 Lane COCONUT CREEK, FL 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIS CHRISTINE HARBARIK 4865 NW 58 1/2 PLACE COCONUT CREEK, FL 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DUP HARVEY KLEINER 4845 NW 58 1/2 PLACE COCONUT CREEK 33073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Juan Lopez DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/0/02)

Attachment

90150553

~~#N00000003985~~

Please  
NOTE  
correct  
ADDRESSES