

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002294

FILED
Apr 28, 2006
Secretary of State

Entity Name: VICTORIA LANDING HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1926 JOHN YOUNG PARKWAY #185
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1926 JOHN YOUNG PARKWAY #185
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 03-0390022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, MOTH
1926 JOHN YOUNG PARKWAY #185
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPDT () Delete
Name: WILLIAMS, MALCOM
Address: 1926 JOHN YOUNG PARKWAY #185
City-St-Zip: KISSIMMEE, FL 34741

Title: S () Delete
Name: WILLIAMS, MALCOLM
Address: 1926 JOHN YOUNG PARKWAY #185
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: SCHIFFMAN, MICHAEL
Address: 1926 JOHN YOUNG PARKWAY #185
City-St-Zip: KISSIMMEE, FL 34741

Title: PD () Delete
Name: MOTH, DAVID
Address: 1926 JOHN YOUNG PARKWAY #185
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MOTH

P

04/28/2006

Electronic Signature of Signing Officer or Director

Date