2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002294

FILED Aug 20, 2008 Secretary of State

Entity Name: VICTORIA LANDING HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 1926 JOHN YOUNG PARKWAY #185 KISSIMMEE, FL 34741 **Current Mailing Address: New Mailing Address:** PO BOX 4346 ORLANDO, FL 32802 FEI Number: 03-0390022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVID, MOTH 1926 JOHN YOUNG PARKWAY #185 KISSIMMEE, FL 34741 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **VPDT** (X) Change () Addition () Delete WILLIAMS, MALCOM WILLIAMS, MALCOM Name: Name: Address: 1926 JOHN YOUNG PARKWAY #185 Address: 1926 JOHN YOUNG PARKWAY #185 City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741 US Title: Title: (X) Change () Addition () Delete Name: WILLIAMS, MALCOLM Name: MOTH, DAVID Address: 1926 JOHN YOUNG PARKWAY #185 Address: 1926 JOHN YOUNG PARKWAY #185 City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip: KISSIMMEE, FL 34741 US Title: (X) Delete Title: () Change () Addition MOTH, DAVID Name: Name: 1926 JOHN YOUNG PARKWAY #185 Address: Address: City-St-Zip: KISSIMMEE, FL 34741 City-St-Zip:

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: MALCOLM WILLIAMS P 08/20/2008