

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 18, 2009  
Secretary of State**

DOCUMENT# N02000002294

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:**

PO BOX 4346  
ORLANDO, FL 32802

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

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP      ( ) Change (X) Addition  
Name: HORROCKS, CHRISTOPHER  
Address: 1926 JOHN YOUNG PARKWAY #185  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: S      ( ) Change (X) Addition  
Name: BUTLER, LORRAINE  
Address: 1926 JOHN YOUNG PARKWAY #185  
City-St-Zip: KISSIMMEE, FL 34741 US

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: DAVID MOTH

P

12/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date