

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

4/31

**FILED**  
**May 22, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90306 015 \*\*\*\*61.25

**DOCUMENT # N02000002294**



1. Entity Name  
**VICTORIA LANDING HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**1065 ERIC CT  
KISSIMMEE FL 34744**

Mailing Address  
**1065 ERIC CT  
KISSIMMEE FL 34744**

00046100



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**1340 E. Vine St**

3. Mailing Address  
**1340 E. Vine St**

Suite, Apt. #, etc.  
**# 312**

Suite, Apt. #, etc.  
**# 312**

City & State  
**Kissimmee FL**

City & State  
**Kissimmee FL**

4. FEI Number  
**030390022**

Applied For  
 Not Applicable

Zip  
**34744**

Country

Zip  
**34744**

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BIBBY, JOHN  
2332 FORTUNE RD STE 183  
KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent  
Name  
**LAREEM ADAMS**  
Street Address (P.O. Box Number is Not Acceptable)  
**9250 Northlake Parkway Apt. 104**  
City  
**ORLANDO** FL Zip Code  
**32827**

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 [Signature] DATE **4/28/03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MALCOLM WILLIAMS 1340 E. VINE ST # 312 KISSIMMEE FL 34744</b>	<input type="checkbox"/> VP, D, T, S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MICHAEL SCHIFFMAN 1340 E. VINE ST # 312 KISSIMMEE FL 34744</b>	<input type="checkbox"/> VP, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVID MOTH 1340 E. VINE ST # 312 KISSIMMEE FL 34744</b>	<input type="checkbox"/> P, D
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		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] DATE **4/28/03** DAYTIME PHONE # **407 252 9074**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)