


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

04-08-2004 90035 045 ****61.25
 08-06-2004 90004 003 ****61.25

DOCUMENT # N02000009579

1. Entity Name
VICTORIAN OAKS TOWNHOMES OWNERS' ASSOCIATION, INC.



Principal Place of Business
**4600 5TH AVENUE SOUTH
 ST PETERSBURG, FL 33711**

Mailing Address
**4600 5TH AVENUE SOUTH
 ST PETERSBURG, FL 33711**

2. Principal Place of Business
644 4th Ave. S.

3. Mailing Address
P.O. Box 13796

Suite, Apt. #, etc.

City & State
ST. Petersburg, FL


City & State
ST. Petersburg, FL.

Zip
33701

Country
U.S.A.

Zip
33733

Country
U.S.A.



07092004 Chg-NP CR2E037 (10/03)

4. FEI Number **04-3742720** Applied For
APPLIED FOR Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, LEONARD H
 37837 MERIDIAN AVENUE SUITE 314
 DADE-CITY, FL 33525.**

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

Filing Fee is \$61.25 Due by September 8, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROBERTS, DUANE E PO BOX 13796 ST PETERSBURG, FL 33733 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SMITH, THOMAS E 13924 7TH STREET DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROBERTS, KEVIN T 13924 7TH STREET DADE CITY, FL 33525 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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)(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: *Duane E. Roberts* Duane E. Roberts 8-4-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #