
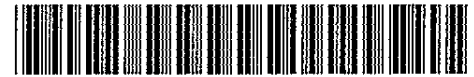


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000002497 1. Entity Name THE OWNERS ASSOCIATION OF VICTORIA LAKES, INC.		
Principal Place of Business ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	Mailing Address ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip



1st MOORE CR2E037 (10/05)

4. FEI Number 56-2335847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DUNGEY, MARY LOUISE ONE SAN JOSE PLACE SUITE 7 JACKSONVILLE FL 32257	7. Name and Address of New Registered Agent Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	PD SMITH, V. HAWLEY JR. 2767 FORES CIRCLE JACKSONVILLE FL 32257	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
				000000550153	
				05/13/06-80048-016 61.25	
					<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	VD DUNGEY, MARY LOUISE 12744 BAY PLANTATION DRIVE JACKSONVILLE FL 32223	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
					<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE	STD PASSMORE, DONNA 2707 BISHOP ESTATES ROAD JACKSONVILLE FL 32259	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
					<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
					<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
					<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Mary Louise Dungey 4-26-06