


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-14-2008 90019 019 ****61.25

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 2900 HARTLEY ROAD JACKSONVILLE, FL 32257	
2. Principal Place of Business - No P.O. Box # 2900 Hartley Rd		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State	
4. FEI Number 56-2335847		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03182008 Chg-NP CR2E037 (12/06)	
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: Stellar Properties Street Address (P.O. Box Number is Not Acceptable): 2900 Hartley Rd City: Jacksonville FL Zip Code: 32257	
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: <u>Chris Hallam, Agent</u> DATE: <u>4/3/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME: SMITH, V. HAWLEY JR. STREET ADDRESS: 2767 FORES CIRCLE CITY-ST-ZIP: JACKSONVILLE, FL 32257	<input checked="" type="checkbox"/> Delete	TITLE: Pres NAME: Jim Miley STREET ADDRESS: 13649 Canoe Ct CITY-ST-ZIP: Jacksonville, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: DUNGEY, MARY LOUISE STREET ADDRESS: 12744 BAY PLANTATION DRIVE CITY-ST-ZIP: JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Marcia Hunter STREET ADDRESS: 14081 Devan Lee Dr W CITY-ST-ZIP: Jacksonville, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD NAME: PASSMORE, DONNA STREET ADDRESS: 2707 BISHOP ESTATES ROAD CITY-ST-ZIP: JACKSONVILLE, FL 32259	<input checked="" type="checkbox"/> Delete	TITLE: Sec NAME: Ariana Stone STREET ADDRESS: 4182 Victoria Lakes Dr W CITY-ST-ZIP: Jacksonville, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: Treas NAME: Steve Berrey STREET ADDRESS: 3354 Victoria Lakes Dr N CITY-ST-ZIP: Jacksonville, FL 32226	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>James H. Miley, Pres</u>		Date: <u>5/27/08</u> 904 449-1675	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	