

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03594 (1)**
1. Corporation Name
VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3490 EAST LAKE RD., SUITE C, PALM HARBOR FL 34682-1448, US
Mailing Address: C/O MANAGEMENT & ASSOC., P.O. BOX 1448, PALM HARBOR FL 34685, US

3. Date Incorporated or Qualified: 06/12/1984
3a. Date of Last Report: 04/21/1995
4. FEI Number: 59-2434118
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
9. Name and Address of Current Registered Agent (29-30)

10. Name and Address of New Registered Agent (81-85)

SCANNAVINO, DOMINICK
3490 EAST LAKE ROAD, SUITE C
PALM HARBOR FL 34685

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, KELLY	
STREET ADDRESS	11348 GRANDVILLE DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NADELMAN, STUART	
STREET ADDRESS	11343 STRATTON PARK DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HODGES, CAROLYN	
STREET ADDRESS	11346 GRAVILLE DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, DAN	
STREET ADDRESS	11331 STRATTON PARK DR.	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAUTHIER, SHIRLEY	
STREET ADDRESS	11357 STRATTON PARK DRIVE	
CITY-ST-ZIP	TEMPLE TERRACE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GAILEY, DEBRA	
1.3 STREET ADDRESS	5906 Stratton Park Dr.	
1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GARCIA, JENISE	
2.3 STREET ADDRESS	11341 Stratton Park Dr.	
2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PITT, LINDA	
4.3 STREET ADDRESS	11350 Grandville Dr.	
4.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	EARLY, ASDID	
5.3 STREET ADDRESS	5902 Stratton Park Dr.	
5.4 CITY-ST-ZIP	Temple Terrace, FL 33617	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Deborah K. Gailey 3/24/96 813-985-4495
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)