


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03594** (1)  
1. Corporation Name  
**VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3490 EAST LAKE RD., SUITE C PALM HARBOR FL 34682-1448 US</b>	Mailing Address <b>C/O MANAGEMENT &amp; ASSOC. P.O. BOX 1448 PALM HARBOR FL 34682-1448 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified <b>06/12/1984</b>	3a. Date of Last Report <b>05/01/1996</b>	4. FEI Number <b>59-2434118</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SCANNAVINO, DOMINICK 3490 EAST LAKE ROAD, SUITE C PALM HARBOR FL 34685</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GAILEY, DEBRA		1.2 NAME	NEWBERRY, STACEY			
STREET ADDRESS	5908 STRATTON PARK DR.		1.3 STREET ADDRESS	5708 Dalden Dr.			
CITY-ST-ZIP	TEMPLE TERRACE FL		1.4 CITY-ST-ZIP	Temple Terrace, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GARCIA, DENISE		2.2 NAME	NEALE, RONALD			
STREET ADDRESS	13341 STRATTON PARK DR.		2.3 STREET ADDRESS	11309 Stratton Park Dr.			
CITY-ST-ZIP	TEMPLE TERRACE FL		2.4 CITY-ST-ZIP	Temple Terrace, FL 33617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HODGES, CAROLYN		3.2 NAME				
STREET ADDRESS	11346 GRAVILLE DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PITT, LINDA		4.2 NAME				
STREET ADDRESS	11350 GRANDVILLE DR.		4.3 STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL		4.4 CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EARLY, ASDID		5.2 NAME	MONACO, LYNDA			
STREET ADDRESS	5902 STRATTON PARK DR.		5.3 STREET ADDRESS	5717 Bratton Dr.			
CITY-ST-ZIP	TEMPLE TERRACE FL		5.4 CITY-ST-ZIP	Temple Terrace, FL 33617	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do 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 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: *Carolyn C. Hodges* 813-989-2307

CR2E037 (9/96)