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Secretary of State

04-28-1999 90041 031 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N11642

1. Corporation Name

VICTORIA STATION HOMEOWNERS' ASSOCIATION, INC.

437018 - 90041 - 31

Principal Place of Business
3136 STATION CT 3115 Albert Court
 PENSACOLA FL 32504
 US

Mailing Address
3136 STATION CT 3115 Albert Court
 PENSACOLA FL 32504
 US



2. Principal Place of Business 21 3115 Albert Court		2a. Mailing Address 26 3115 Albert Court		3. Date Incorporated or Qualified 10/17/1985	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2804408	
City & State 23 Pensacola FL		City & State 28 Pensacola FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32504		Country 25 Escombria		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 29 32504		Country 30 Escombria			

9. Name and Address of Current Registered Agent

Humphreys, Arthur
HUMPHRIES, AUTHUR
3120 STATION CT
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

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

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 type="checkbox"/> DELETE	1.1 TITLE Humphreys	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUMPHRIES, ARTHUR		1.2 NAME	
STREET ADDRESS 3210 STATION CT		1.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32504		1.4 CITY-ST-ZIP	
TITLE SDTD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ABSHIRE, RONDA		2.2 NAME Lynn S. Bohner	
STREET ADDRESS 3136 STATION CT		2.3 STREET ADDRESS 3115 Albert Court	
CITY-ST-ZIP PENSACOLA FL 32504		2.4 CITY-ST-ZIP Pensacola FL 32504	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE Maxine S. Middleton	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIDDLETON, MARINE		3.2 NAME	
STREET ADDRESS 3132 STATION CT		3.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32054		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREENE, EDDY		4.2 NAME	
STREET ADDRESS 3109 STATION CT		4.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32504		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE Neehling, Kathleen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEEHITNG, KATHY		5.2 NAME	
STREET ADDRESS 3103 STATION CT		5.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL 32504		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEE, ELIZABETH P.		6.2 NAME	
STREET ADDRESS 3118 STATION CT.		6.3 STREET ADDRESS	
CITY-ST-ZIP PENSACOLA FL		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **Lynn S. Bohner**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 **850 444-6753**
 Date Daytime Phone #

CR2E037 (1/98)