

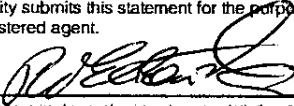



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90552 013 ****61.25

DOCUMENT # N11642 1. Entity Name VICTORIA STATION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3134 STATION CT PENSACOLA, FL 32504 US				Mailing Address 3134 STATION CT PENSACOLA, FL 32504 US	
2. Principal Place of Business 3298 Summit Blvd. Suite, Apt. #, etc. Ste 4		3. Mailing Address 3298 Summit Blvd. Suite, Apt. #, etc. Suite 4			
City & State Pensacola FL		City & State Pensacola FL		4. FEI Number 59-2804408	
Zip 32503		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUNDROT, PAMELA 3134 STATION CT PENSACOLA, FL 32504				7. Name and Address of New Registered Agent Name: Ray. O. Etheridge Street Address (P.O. Box Number is Not Acceptable): 3298 Summit Blvd. Suite 4 City: Pensacola FL Zip Code: 32503	
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:  DATE: 4/23/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	SD CROWE, ELIZABETH 3112 STATION CT PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bill Benson 3119 Albert Court Pensacola FL 32504	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KUNDROT, PAMELA 3134 STATION CT PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALYEAN, ROBERT 3115 ALBERT CT PENSACOLA, FL 32504	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEEHLING, KATHY 3103 STATION CT PENSACOLA, FL 32504	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 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: 			Date: 4-22-04 Daytime Phone #: 431-3585		