2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 24, 2006 8:00 am Secretary of State **DOCUMENT # N11642** 04-24-2006 90351 006 ****61.25 1. Entity Name VICTORIA STATION HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 3298 SUMMIT BLVD 3298 SUMMIT BLVD ---60829209 STE 4 STE 4 PENSACOLA, FL 32503 PENSACOLA, FL 32503 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04192006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number 59-2804408 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama ETHERIDGE, RAY O 3298 SUMMIT BLVD 🥳 Street Address (P.O. Box Number is Not Acceptable) STE 4 ORLANDO, FL 32803 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filling Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change MEEHLING, KATHÝ NAME NAME 3103 STATION CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-ZIP Delete VPD TITLE TITLE ☐ Change Addition MOSER, Noreen 3127 Albert CT. Pensaeda, FL 325N NAME BENSON, BILL NAME 3119 ALBERT COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32504 CITY-ST-7IP TITLE ☐ Delete TITLE SUD ☐ Change **Addition** NAME NAME Middleton, Mevine 3132 Station Court. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32514 Pensacula ☐ Addition TITLE ☐ Detete Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Michael AND TYPED OR Middelon

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

850-4343585

☐ Change

☐ Addition

Daytime Phone #

FILED