

2000 UNIFORM BUSINESS REPORT (UBR)

4/1.

FILED

May 19, 2000 8:00 am
Secretary of State

04-14-2000 90119 042 ****61.25

DOCUMENT # N28931

1. Entity Name

VICTORIA PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 616190
ORLANDO FL 32861-6190
US

P O BOX 616190
ORLANDO FL 32861-6190
US

2. Principal Place of Business

3. Mailing Address

P O Box 616190
Suite, Apt. #, etc.

P O Box 616190
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL 32861-6190

City & State
Orlando, FL

4. FEI Number
59-2923140

Applied For
Not Applicable

Zip
32861-6190

Country
US

Zip
32861-6190

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEIGER, ALFRED E
8156 WELLSMERE CIRCLE
ORLANDO FL 32835

Name
Joseph S. Hoff

Street Address (P.O. Box Number is Not Acceptable)
7985 Wellsmere Cir.

City
Orlando

FL

Zip Code
32835

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.

SIGNATURE *Joseph S. Hoff* Treasurer

4/5/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEIGER, ALFRED E 8156 WELLSMERE CIR ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ERTLE, BOB 7937 WELLSMERE CIR. ORLANDO FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOFF, JOSEPH 7985 WELLSMERE CIR ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FENCIK, MICHELE 8220 WELLSMERE CIR ORLANDO FL 32835	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STINTON, MICHAEL 7979 WELLSMERE CIR ORLANDO FL 32835	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>DEIGER, ALFRED E</i>	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Hoff, Joseph S 7985 Wellsmere Cir Orlando FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Ertle, Claire 7937 Wellsmere Cir. Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Huehne, Emily 4238 Chelworth Cir. Orlando, Cir 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, D Stevenson, Bob 7984 Wellsmere Cir. Orlando, FL 32835	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Stinton, Michael 7979 Wellsmere Cir. Orlando FL 32835	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Joseph S. Hoff*

4/10/00

407 667 1128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)