

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39875 (2)

1. Corporation Name

VICTORIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O J. LARRY WILLIAMS  
106 E COLLEGE AVE STE 1200  
TALLAHASSEE FL 32301

C/O J. LARRY WILLIAMS  
106 E COLLEGE AVE STE 1200  
TALLAHASSEE FL 32301

2. Principal Place of Business

2a. Mailing Address

21 C/O Eric P. Lewis

26 C/O Eric P. Lewis

3. Date Incorporated or Qualified

09/10/1990

3a. Date of Last Report

04/20/1995

4. FEI Number

~~59-3068365~~ 59-3319164

Applied For

Not Applicable

22 Suite, Apt. #, etc.  
8614 Bannerman Bluff Ct.

27 Suite, Apt. #, etc.  
8614 Bannerman Bluff Ct.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State  
Tallahassee, FL

28 City & State  
Tallahassee, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip  
32312

25 Country

29 Zip  
32312

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, J. LARRY  
106 E. COLLEGE AVE, SUITE 1200  
TALLAHASSEE FL 32301

81 Name

Tony L. Chapman

82 Street Address (P.O. Box Number is Not Acceptable)

8611 Bannerman Bluff Court

83

84 City

Tallahassee

FL

85 Zip Code

32312

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

*Tony L. Chapman*

*Tony L. Chapman*

2-1-96

(Signature, type or printed name of registered agent and title if applicable)

(Signature, type or printed name of registered agent and title if applicable)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME WILLIAMS, J. LARRY  
STREET ADDRESS 411 E. GEORGIA AVE.  
CITY-ST-ZIP TALLAHASSEE FL

11 TITLE P/D ☐ Change ☒ Addition  
NAME Chapman, Tony L.  
12 STREET ADDRESS 8611 Bannerman Bluff Court  
13 CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☒ DELETE  
NAME WILLIAMS, G. DENISE  
STREET ADDRESS 411 E. GEORGIA AVE.  
CITY-ST-ZIP TALLAHASSEE FL

21 TITLE V/D ☐ Change ☒ Addition  
22 NAME Olsen, Monica K.  
23 STREET ADDRESS 8520 Bannerman Bluff Drive  
24 CITY-ST-ZIP Tallahassee, FL 32312

TITLE D ☒ DELETE  
NAME LAMONICA, DON F.  
STREET ADDRESS 200-B S MONROE ST.  
CITY-ST-ZIP TALLAHASSEE FL

31 TITLE S/D ☐ Change ☒ Addition  
32 NAME Muldrow-Brooks, Monica G.  
33 STREET ADDRESS 8576 Bannerman Bluff Drive  
34 CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE T/D ☐ Change ☒ Addition  
42 NAME Lewis, Eric P.  
43 STREET ADDRESS 8614 Bannerman Bluff Court  
44 CITY-ST-ZIP Tallahassee, FL 32312

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Monica Grace Muldrow-Brooks/Monica Muldrow-Brooks 2-1-96 407-1688*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)