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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N39875

(2)

VICTO	DRIA HOMEOWNERS ASSO	CIATION, INC.									
Principal Plac	ce of Business	Mailing Address				$\neg \neg$	1 INDIVIDA DON INCID JOINI 18611 186	(U) (1) (1) (1) (1)	ATON SIGN BIRKEDI	E11 (11) 100)	
C/O ERIC P. LEWIS 8614 BANNERMAN BLUFF CT TALLAHASSEE FL 32312 C/O ERIC P. LEWIS 8614 BANNERMAN BLUFF TALLAHASSEE FL 32312 TALLAHASSEE FL 32312			BLUFF CT	भ			3. Date incorporated or Qualifie 09/10/1990	đ		, , , , , , , , , , , , , , , , , , , 	
US	2 12 32312	US	2312				4. FEI Number		I Ar	plied For	
							59-3319164		No	t Applicable	
2. Principal I	Place of Business	2a. Mailing Addres	26				5. Certificate of Status Desired	sertificate of Status Desired Status Desired Status Desired Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
City & Sta	ale	City & State	City & State				7. Is this nonprofit corporation a homeowners association?				
23		28	<u>-</u>					Y Yes			
Zip	Country	Zip	⊢ ¬	country	′		8. This corporation owes or has	-			
24	25	29	30				Personal Property Tax due Ju			X No	
	9. Name and Address of Curre	nt Registered Agent		81	Name		10. Name and Address of New	vaðistala	n Agent		
CHARM	1451 TONY 1				INGINE						
CHAPMAN, TONY L.				82	Street	Address	Address (P.O. Box Number is Not Acceptable)				
	Annerman Bluff Court Hassee fl 32312			83	ļ						
IALLA	1465EE FL 32312			"							
				84	City			F	85 Zip (Code	
44 Burnings	to the provisions of Postions 617.05	03 and 617 1509. Florida	Statutas the	obove	- namad	Leoroore	tion authority this statement for th			e registered	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registe	ered Age			fren reinstating)	DATE			
12.	OFFICERS AF	ND DIRECTORS	13				ADDITIONS/CHANGES TO OF	FICERS AF	ND DIRECTOR Change	S IN 12	
TITLE	1 1 -	L DELE		1 TITLE					☐ Change	L ADDITION	
NAME	CHAPMAN, TONY L 8611 BANNERMAN BLUFF (ימווסי		2 NAME		i i	•				
STREET ADDRESS	TALLAHASSEE FL	JUURI			ADDRESS						
CITY-ST-ZIP TITLE	VD VD	DELE		1 CITY-S 1 TITLE	T - ZIP	SD	· · · · · · · · · · · · · · · · · · ·		Z Change	Addition	
	OLSEN, MONICA K			2 NAME			en, Nonica K.		KT custing		
NAME	AFAA DANIMEDAAAA BILIEF E	NDI(/E			4000500	OIS	en, nonica k.				
STREET ADDRESS	TALLAHASSEE FL	NU4E			ADDRESS	1					
CITY-ST-ZIP TITLE	SD SD			4.000	NT 710	1					
NAME		M ∪E1 E		4 CITY-:	ST-ZIP	VE			Change	X Addition	
STREET ADDRESS	1	DELE	TE . 3.1	TITLE	ST-ZIP	VD	do	 _	☐ Change	Addition	
SINCE ADDINGS	MULDROW-BROOKS, MONK	CA G.	TE . 3.1	TITLE		Goo	de, Gerald			Addition	
01TV CT 71D	MULDROW-BROOKS, MONIC 8576 BANNERMAN BLUFF D	CA G.	7É 3.1 3.2 3.3	I TITLE 2 NAME 3 STREET	ADDRESS	G00	6 Rannorman Dl.	ıff D		Addillon	
CITY-ST-ZIP	MULDROW-BROOKS, MONK 8576 BANNERMAN BLUFF (TALLAHASSEE FL	CA G. DRIVE	TÉ 3.1 3.2 3.3	I TITLE PRAME 3 STREET 1. CITY - 1	ADDRESS	G00	6 Rannorman Dl.	iff D 3231		Addition	
TITLE	MULDROW-BROOKS, MONK 8576 BANNERMAN BLUFF D TALLAHASSEE FL TO	CA G.	TÉ 3.1 3.2 3.3 3.4 TE 4.1	TITLE NAME STREET CITY-S	ADDRESS	G00	de, Gerald 6 Bannerman Blu lahassee, FL	ıff D 3231			
TITLE NAME	MULDROW-BROOKS, MONK 8576 BANNERMAN BLUFF D TALLAHASSEE FL TO LEWIS, ERIC P.	CA G. DRIVE	7É 3.1 3.2 3.3 3.4 7E 4.1 4.3	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP	G00	6 Rannorman Dl.	ıff D 3231			
TITLE NAME STREET ADDRESS	MULDROW-BROOKS, MONK 8576 BANNERMAN BLUFF D TALLAHASSEE FL TO LEWIS, ERIC P. 8614 BANNERMAN BLUFF C	CA G. DRIVE	TÉ 3.1 3.2 3.3 3.4 3E 4.1 4.3	TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS	G00	6 Rannorman Dl.	iff D 3231			
TITLE NAME	MULDROW-BROOKS, MONK 8576 BANNERMAN BLUFF D TALLAHASSEE FL TO LEWIS, ERIC P.	CA G. DRIVE	TÉ 3.1 3.2 3.3 3.4 TE 4.1 4.3 4.4	TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS	G00	6 Rannorman Dl.	iff D 3231			
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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.

SIGNATURE:

En P. Ling

2-11-983

FILED

Feb 16 1998 8:00am

Secretary of State

(850)894-3139

XZE037 (10997)