

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39875

1. Entity Name

VICTORIA HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90078 005 ****61.25

Principal Place of Business C/O ERIC P. LEWIS 8614 BANNERMAN BLUFF CT TALLAHASSEE FL 32312 US	Mailing Address C/O ERIC P. LEWIS 8614 BANNERMAN BLUFF CT TALLAHASSEE FL 32312-8029 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3319164		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAPMAN, TONY L.
8611 BANNERMAN BLUFF COURT
TALLAHASSEE FL 32312

Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CHAPMAN, TONY L	8611 BANNERMAN BLUFF COURT	TALLAHASSEE FL					<input type="checkbox"/>	<input type="checkbox"/>
VSD	GOODE, GERALD	8556 BANNERMAN BLUFF DR	TALLAHASSEE FL 32312	S/D	Goode, Gerald			<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	LEWIS, ERIC P.	8614 BANNERMAN BLUFF COURT	TALLAHASSEE FL					<input type="checkbox"/>	<input type="checkbox"/>
				V/D	McLuckie, Scott A.	8573 Bannerman Bluff Dr.	Tallahassee, FL 32312	<input type="checkbox"/>	<input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

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 _____, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature of Treasurer **3-27-2000** **850-894-3139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)