

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90426 044 ****61.25

DOCUMENT # N39875

1. Entity Name

VICTORIA HOMEOWNERS ASSOCIATION, INC.

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
 US

(J O O O J)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3319164

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 _____

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	PD CHAPMAN, TONY L	<input type="checkbox"/> Delete
STREET ADDRESS	8611 BANNERMAN BLUFF COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	SD GOODE, GERALD	<input type="checkbox"/> Delete
STREET ADDRESS	8556 BANNERMAN BLUFF DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME	TD LEWIS, ERIC P.	<input type="checkbox"/> Delete
STREET ADDRESS	8614 BANNERMAN BLUFF COURT	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE NAME	VD MCLUCKIE, SCOTT A	<input type="checkbox"/> Delete
STREET ADDRESS	8573 BANNERMAN BLUFF DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: _____

SIGNATURE REQUIRED
 ERIC P. Lewis 4-25-01 850-894-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)