

03-27-2002 90083 045 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N39875** ✓
 1. Entity Name
Victoria Homeowners Assoc., Inc.

DO NOT WRITE IN THIS SPACE

B0053555

2. Principal Place of Business 8511 Bull Headley Rd.		3. Mailing Address Same	
Suite, Apt. #, etc. Suite # 104		Suite, Apt. #, etc.	
City & State Tallahassee FL		City & State	
Zip 32312	Country USA	Zip	Country
4. FEI Number 59-3319164		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name- MARIE EDDY	
		Street Address (P.O. Box Number is Not Acceptable) 8511 Bull Headley Rd.	
		Suite 104	
City Tallahassee		FL	Zip Code 32312

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 **Marie Eddy** Association Manager 2/5/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---	--	------------------------------------	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONY L. CHAPMAN 8611 BANNERMAN BLUFF CT. Tallahassee, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D West EDWARDS 8572 BANNERMAN BLUFF DR Tallahassee, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD GOODE 8544 BANNERMAN BLUFF DR Tallahassee, FL 32312	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Marie Eddy** **MARIE EDDY** 2/5/02 850-894-1919
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)