

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90129 035 \*\*\*\*61.25

**DOCUMENT # N39875**

1. Entity Name  
**VICTORIA HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**7113 BEECH RIDGE TRAIL SUITE 1  
 TALLAHASSEE, FL 32312 US**

Mailing Address  
**7113 BEECH RIDGE TRAIL SUITE 1  
 TALLAHASSEE, FL 32312 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
**59-3319164**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**EDDY, MARIE**  
~~1590-2 BANNERMAN RD~~  
**TALLAHASSEE, FL 32312**

7. Name and Address of New Registered Agent  
 Name **EDDY, MARIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7113 Beech Ridge Trail Suite 1**  
 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 ✓  
 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<del>BOB</del>	<input type="checkbox"/> Delete
NAME	<b>CHAPMAN, TONY L</b>	
STREET ADDRESS	<b>8611 BANNERMAN BLUFF COURT</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>	
TITLE	<del>D</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>ARONSON, BUSAN</del>	
STREET ADDRESS	<del>8520 BANNERMAN BLUFF DR.</del>	
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32312</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>MILTON, KEN</del>	
STREET ADDRESS	<del>8552 BANNERMAN BLUFF DR.</del>	
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32312</del>	
TITLE	<del>D</del>	<input type="checkbox"/> Delete
NAME	<del>BROCKS-MILDROW, MONICA</del>	
STREET ADDRESS	<del>8585 BANNERMAN BLUFF DR</del>	
CITY-ST-ZIP	<del>TALLAHASSEE, FL 32312</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<del>D</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DEVOS, TONY</b>	
STREET ADDRESS	<b>8512 BANNERMAN BLUFF DR</b>	
CITY-ST-ZIP	<b>TALLAHASSEE, FL 32312</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ Date **3/23/06** Daytime Phone # **894-1919**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR