


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90160 031 ****61.25

DOCUMENT # N39875

1. Entity Name
VICTORIA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**8511 BULL HEADLEY RD
SUITE #104
TALLAHASSEE FL 32312
US**

**8511 BULL HEADLEY RD
SUITE #104
TALLAHASSEE FL 32312
US**

2. Principal Place of Business 3. Mailing Address

**1580-2 BANNERMAN RD.
RD.**

1580-2 BANNERMAN RD.

Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State

Tallahassee, FL Tallahassee, FL

Zip Country Zip Country

32312 USA 32312 USA

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
~~**8511 BULL HEADLEY RD
SUITE 104
TALLAHASSEE FL 32312**~~

7. Name and Address of New Registered Agent

Name

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

1580-2 BANNERMAN RD.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CHAPMAN, TONY L	
STREET ADDRESS	8611 BANNERMAN BLUFF COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOODE, GERALD	
STREET ADDRESS	8544 BANNERMAN BLUFF DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, WEST	
STREET ADDRESS	8572 BANNERMAN BLUFF DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MCLUCKIE, SCOTT A	
STREET ADDRESS	8573 BANNERMAN BLUFF DR	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beth PARRAMORE	
STREET ADDRESS	8552 BANNERMAN BLUFF DR	
CITY-ST-ZIP	Tallahassee, FL 32312	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONICA MULBROW-BROOKS	
STREET ADDRESS	8585 BANNERMAN BLUFF DR.	
CITY-ST-ZIP	Tallahassee, FL 32312	
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 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: **President 2/12/03 850-894-1919**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)