


FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90243 040 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42582			
1. Corporation Name VICTORIA PARK TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 1920 MARY ST. KISSIMMEE FL 34741		Mailing Address 1920 MARY ST. KISSIMMEE FL 34741	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 03/20/1991		4. FEI Number 65-0530173	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HARRELL, TRAVIS J 1920 MARY ST. KISSIMMEE FL 34741 WESLEY W. FORD 420 W. CHERRY ST KISSIMMEE FL 34741		10. Name and Address of New Registered Agent 81 Name WESLEY W. FORD 82 Street Address (P.O. Box Number is Not Acceptable) 420 W. CHERRY ST 83 84 City KISSIMMEE FL 85 Zip Code 34741	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE WESLEY W. FORD PRES. <i>Wesley W. Ford</i> 4 JAN 1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE NAME HARRELL, TRAVIS J STREET ADDRESS 420 W. CHERRY STREET CITY-ST-ZIP KISSIMMEE FL 34741		1.1 TITLE VP <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME HARRELL, TRAVIS J 1.3 STREET ADDRESS 420 W. CHERRY ST 1.4 CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE VP <input type="checkbox"/> DELETE NAME FORD, WESLEY W STREET ADDRESS 420 W. CHERRY STREET CITY-ST-ZIP KISSIMMEE FL 34741		2.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME FORD, WESLEY W. 2.3 STREET ADDRESS 420 W. CHERRY ST 2.4 CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE STD <input type="checkbox"/> DELETE NAME COUTURE, RENE A III STREET ADDRESS 1410 KINGSTON WAY CITY-ST-ZIP KISSIMMEE FL 34744		3.1 TITLE STD <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME COUTURE, RENE A III 3.3 STREET ADDRESS 420 W. CHERRY ST 3.4 CITY-ST-ZIP KISSIMMEE, FL 34741	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED
 DIRECTOR
 03/11/99

(407)
 846-1515