FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N03594

(1)

VICTORIA	TERRACE	CONDOMINIUM	MOLTALOGRAM	INC
VIUTURIA	IENNAUE	CONDOMINION	ASSOCIATION.	IIIU.

Principal Place of Business Mailing Address							- T ERBOOLDA DOU DOUGH HINDE BEIGH ONDER BIDDI BIDDI BEBER DEDEN DIGUE BIDDI BEIDI ENDIE FEDER				
3490 EAST LAKE RD SUITE C . C/O MANAGEMENT & ASS			ASSOC	<b>.</b>							
PALM HARBOR FL 34682-1448		1	P.O. BOX 1448								
US PALM HARBOR FL 34685 US			85				3. Date Incorporated or Qualified 06/12/1984	<b>3</b> a. [	Date of Las 04/21		
2. Principal Place of Business		1	2a. Mailing Address			4. FEI Number	1		Applied For		
21		26	<u></u>			59-2434118			Not Applicable		
Suite, Apt. #, etc.		221	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional		
City & State		27	City & State						Required		
23		28				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees		
Zip	Country		Zip	7 0	Country	_		8. This corporation has liability for int	angible t		····
24	25	29		30				Florida Statutes	Yes 👤	<b>€</b> No	
	9. Name and Address of Current	t Regis	·			10. Name and Address of New Reg	Isteréd	Agent			
					81	1	lame				
	VINO, DOMINICK		82 Street		Street Addres	ss (P.O. Box Number is Not Acceptable		<del></del>			
	ST LAKE ROAD, SUITE C				83						
PALMIT	ARBOR FL 34685				03						
					84	7	Dity		FL	85 2	ip Code
11. Pursuant t	the provisions of Sections 617,0502	and 61	7.1508, Florida Statute	es, the a	above-r	nan	ned corporat	tion submits this statement for the purpo		=     nanging its	registered office
or registere familiar wit	ed agent, or both, in the State of Florid h, and accept the obligations of, Section	la. Such on 617 i	n change was authorize 0503 - Florida Statutes	ed by th	ne corp	ora	tion's board	tion submits this statement for the purpo of directors. I hereby accept the appoir	itment a	s registere	d agent. I am
SIGNATURE			coop i longa cialatos.								
_	Signature, typed or printed name of registered agent a					t sig	nature required w		DATE		
12.	OFFICERS AND	DIREC			13.			ADDITIONS/CHANGES TO OFFIC	ers an		
TITLE NAME	SD Garcia, Kelly		<b>⊠</b> )DELETE		.1 TITLE		PE			Change	Addition
STREET ADDRESS	11348 GRANDVILLE DRIVE				.2 NAME			AILEY, DEBRA			
CITY-ST-ZIP	TEMPLE TERRACE FL			- 8	.3 STREE1			906 Stratton Park Dr.			
TITLE	DV		DELETE		.4 CITY-S .1 TITLE	[ - <u>Z</u>	I I E	emple Tarrace, FL 33	2017	☐ Change	X Addition
NAME	NADELMAN, STUART		•		2 NAME		G/A	ARCIA, DENISE		Onlange	LA PROBLEM
STREET ADDRESS	11343 STRATTON PARK DRIV	Æ		. I	3 STREET	ADO	DRESS 11	1341 Stratton Park Dr	٠.		
CITY-ST-ZIP TEMPLE TERRACE FL								emple Terrace, FL 33			
TITLE	TD		DELETE		1 TITLE		D	•		(Change	☐ Addition
NAME	HODGES, CAROLYN			3	2 NAME						
STREET ADDRESS	11346 GRAVILLE DR.			3	3 STREET	ADE	ORESS				
CITY-ST-ZIP	TEMPLE TERRACE FL		Wintiere.		4. CITY - S	ST - Z					
TITLE	PD DAN		<b>K</b> ]0ELETE		1 THLE		TD			☐ Change	X Addition
NAME STREET ADDRESS	MILLER, DAN 11331 STRATTON PARK DR.				2 NAME			ITT, LINDA			
STREET ADDRESS CITY-ST-ZIP	TEMPLE TERRACE FL				.3 STREET .4 City-S		1	1350 Grandville Dr.			
TITLE	D		XXOELETE.		<u> 1 Title</u>	1 - ZI	SD	emple Terrace, FL 33	1017	Change	Addition
NAME	GAUTHIER, SHIRLEY		AA		2 NAME			ARLY,ASDID		La comige	<b>₩</b> 1 voquion
STREET ADDRESS	11357 STRATTON PARK DRIV	Œ			3 STREET	ADI		302 Stratton Park Dr.			
CITY+ST-ZIP	TEMPLE TERRACE FL				4 CITY-S			emple Terrace, FL 33			
TITLE			DELETE		1 TITLE			mpre retraces rt 33	· • • • • • • • • • • • • • • • • • • •	Change	Addition
NAME				6.	2 NAME						
STREET ADDRESS				6.	3 STREET	ADE	DRESS				
CITY-ST-ZIP					4 CITY-S						
14 I do bereb	certify that the information supplied w	ith thin	filing to unturbadily fundi	ahad ar	nd door		at avalify for	the everentian stated in Continu 110.00	COLD 1 FO		

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

GNATURE:

| Statute | Statut

SIGNATURE:

CR2E037 (12/95)