


FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N28931 (6)
 1. Corporation Name
VICTORIA PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business P O BOX 616190 ORLANDO FL 32861-6190 US	Mailing Address P O BOX 616190 ORLANDO FL 32861-6190 US
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3. Date Incorporated or Qualified
10/19/1988

4. FEI Number 59-2923140	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TITER, PATRICIA
8103 WELLSMERE CIR
ORLANDO FL 32835**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, MARVIN	
STREET ADDRESS	8159 ST ALBANS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ERTLE, BOB	
STREET ADDRESS	7937 WELLSMERE CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	TITER, PATRICIA	
STREET ADDRESS	8103 WELLSMERE CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	VEHLEWALD, MARY B	
STREET ADDRESS	7919 WELLSMERE CIR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MOATS, JOHN	
STREET ADDRESS	8147 ST ALBANS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALFRED E. DEIGER	
1.3 STREET ADDRESS	2156 WELLSMERE CIRCLE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32835	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michele Fencik	
4.3 STREET ADDRESS	8220 WELLSMERE CIRCLE	
4.4 CITY-ST-ZIP	ORLANDO, FL 32835	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Stinton	
5.3 STREET ADDRESS	7979 WELLSMERE CIRCLE	
5.4 CITY-ST-ZIP	ORLANDO, FL 32835	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(i), 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Alfred E. Deiger **ALFRED E. DEIGER** 2/7/98 407-481-9668

CP2E037 (10/97)