


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90267 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N28931					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/19/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2923140	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

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 <u>ALFRED E. DEIGER</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>8156 WELLSMERE CIRCLE</u> 83 84 City <u>ORLANDO</u> FL 85 Zip Code <u>32835</u>			

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 Alfred E. Deiger TO 4/16/99
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEIGER, ALFRED E			1.2 NAME			
STREET ADDRESS	8156 WELLSMERE CIR			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ERTLE, BOB			2.2 NAME			
STREET ADDRESS	7937 WELLSMERE CIR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			2.4 CITY-ST-ZIP			
TITLE	P	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	TITER, PATRICIA			3.2 NAME			
STREET ADDRESS	8103 WELLSMERE CIRCLE			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FENCIK, MICHELE			4.2 NAME			
STREET ADDRESS	8220 WELLSMERE CIR			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STINTON, MICHAEL			5.2 NAME			
STREET ADDRESS	7979 WELLSMERE CIR			5.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32835			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: Alfred E. Deiger SIGNATURE REQUIRED 4/16/99 407-481-9668
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/1/98)