

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90074 031 \*\*\*\*61.25

0071995

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N03594**

1. Corporation Name

**VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

3490 EAST LAKE RD., SUITE C  
 PALM HARBOR FL 34682-1448  
 US

Mailing Address

C/O MANAGEMENT & ASSOC.  
 P.O. BOX 1448  
 PALM HARBOR FL 34685  
 US



2. Principal Place of Business

21 **1301 SEMINOLE BLVD.**

Suite, Apt. #, etc.

22 **# 172**

City & State

23 **LARGO, FL**

Zip

24 **33770**

Country

25 **PINELLAS**

2a. Mailing Address

26 **1301 SEMINOLE BLVD**

Suite, Apt. #, etc.

27 **# 172**

City & State

28 **LARGO, FL**

Zip

29 **33770**

Country

30 **PINELLAS**

3. Date Incorporated or Qualified

**06/12/1984**

4. FEI Number

**59-2434118**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Election Campaign Financing  
 Trust Fund Contribution ☐

**\$5.00** May Be  
 Added to Fees

9. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK  
 3490 EAST LAKE ROAD, SUITE C  
 PALM HARBOR FL 34685

10. Name and Address of New Registered Agent

81 Name

**JOE SANDERS**

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

**1301 SEMINOLE BLVD.**

83

**# 172**

84 City

**LARGO**

**FL**

85 Zip Code

**33770**

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

*Joe Sanders*

**JOE SANDERS**

**3/9/99**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **P NEWBERRY, STACEY**  
 STREET ADDRESS **5708 DALDEN DR.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE ☒ DELETE

NAME **SD NEALE, RONALD**  
 STREET ADDRESS **11309 STRATOON PARK DR.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE ☒ DELETE

NAME **D VALENCIA, ALMA M**  
 STREET ADDRESS **11339 STRATTON PARK DR**  
 CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☒ DELETE

NAME **TD PITT, LINDA**  
 STREET ADDRESS **11350 GRANDVILLE DR.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE ☒ DELETE

NAME **VD MONACO, LYNDA**  
 STREET ADDRESS **5717 BRATTTON DR.**  
 CITY-ST-ZIP **TEMPLE TERRACE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **P KAAREN MULLINS**  
 STREET ADDRESS **11353 STRATTON PARK DR**  
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

2.1 TITLE ☐ Change ☒ Addition

NAME **VP SCOTT SHERIDAN**  
 STREET ADDRESS **11315 REGAL SQUARE DR**  
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

3.1 TITLE ☐ Change ☒ Addition

NAME **S BARRY BULLARD**  
 STREET ADDRESS **11324 GRANDVILLE DR**  
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

4.1 TITLE ☐ Change ☒ Addition

NAME **T DENISE COYLE**  
 STREET ADDRESS **11349 GRANDVILLE DR**  
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

5.1 TITLE ☐ Change ☒ Addition

NAME **D DENNIS CASTELLANO**  
 STREET ADDRESS **11305 GRANDVILLE DR**  
 CITY-ST-ZIP **TEMPLE TERRACE, FL 33617**

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

*Joe Sanders* **JOE SANDERS**

**3/9/99**

**727-559-0400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)