2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State
04-14-2000 90119 042 ****61.25

DOCUMENT # N28931

1. Entity Name

VICTORIA PLACE OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 616190 ORLANDO FL 32861-6190 US	P O BOX 616190 ORLANDO FL 32861-6190 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
P O Box 616190	P O Box 616190
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL. ~~32861-6190~~	City & State: Orlando, FL
Zip: 32861-6190 Country: US	Zip: 32861-6190 Country: US

4. FEI Number: 59-2923140 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEIGER, ALFRED E 8156 WELLSMERE CIRCLE ORLANDO FL 32835	Name: Joseph S. Hoff Street Address (P.O. Box Number is Not Acceptable): 7985 Wellsmere Cir. City: Orlando FL Zip Code: 32835

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Joseph S Hoff Treasurer 4/5/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEIGER, ALFRED E 8156 WELLSMERE CIR ORLANDO FL 32835	☒ Delete	TD Hoff, Joseph S 7985 Wellsmere Cir. Orlando FL. 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ERTLE, BOB 7937 WELLSMERE CIR. ORLANDO FL	☒ Delete	S Ertle, Claire 7937 Wellsmere Cir. Orlando, FL. 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HOFF, JOSEPH 7985 WELLSMERE CIR ORLANDO FL 32835	☐ Delete	VP D Huehne, Emily 6238 Chelsworth Cir. Orlando, Cir 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FENCIK, MICHELE 8220 WELLSMERE CIR ORLANDO FL 32835	☒ Delete	VP D Stevenson, Bob 7984 Wellsmere Cir. Orlando, FL. 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STINTON, MICHAEL 7979 WELLSMERE CIR ORLANDO FL 32835	☐ Delete	P D Stinton, Michael 7979 Wellsmere Cir. Orlando FL. 32835	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph S Hoff 4/10/00 407 667 1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #