2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2002 8:00 am
Secretary of State
01-30-2002 90149 003 ****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

19294

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5401 S Kirkman	5401 S Kirkman Rd
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State Orlando Fl	City & State Orlando Fl
Zip 32819 Country	Zip 32819 Country

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
HUHNE, EMILY 8137 CHILLSWORTH DRIVE ORLANDO FL 32835	Name Sue Carpenter Street Address (P.O. Box Number is Not Acceptable) 5401 Kirkman Rd Suite 300 So. City Orlando FL Zip Code 32819

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 Sue Carpenter 3-7-01
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	PD HUHNE, EMILY 8137 CHELLS WORTH DRIVE ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Douglas Fillenwarth 7979 Wellsmere Circle Orlando, FL 32835	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SP V/D HOLZLI, JOHN 8203 CHELSWORTH ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[redacted] ASST SEC'T Sue Carpenter 5401 S. Kirkman Suite 300 Orlando, FL 32819	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STEVENSON, ROBERT 7984 WELLSMERE CIRCLE ORLANDO FL 32835	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Trish Titer 8103 Wellsmere Circle Orlando, FL 32818	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STINTON, MICHAEL 7979 WELLSMERE CIR ORLANDO FL 32835	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD STEVENSON, BOB 7984 WELLSMERE CIR. ORLANDO FL 32835	☑ Delete Duplicate	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Kathy Lawrence Kathy Lawrence 1/14/02 407-299-8832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)