

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90023 039 ****61.25

DOCUMENT # N28931

1. Entity Name
VICTORIA PLACE OWNERS ASSOCIATION, INC.



Principal Place of Business
5401 S KIRKMAN RD
450
ORLANDO, FL 32819 US

Mailing Address
5401 S KIRKMAN RD
450
ORLANDO, FL 32819 US

2. Principal Place of Business

5401 S. Kirkman Rd
Suite, Apt. #, etc. 450

3. Mailing Address

5401 S. Kirkman Rd
Suite, Apt. #, etc. 450

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32819

Country

US

Zip

32819

Country

US

03012004 Chg-NP CR2E037 (10/03)

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

CARPENTER, SUE
5401 SO. KIRKMAN RD SUITE 450
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DVP
NAME ALLEN, JOHN
STREET ADDRESS 8209 CHELSWORTH DR
CITY-ST-ZIP ORLANDO, FL 32835 ☒ Delete

TITLE SD
NAME HOLZLI, JOHN
STREET ADDRESS 8203 CHELSWORTH
CITY-ST-ZIP ORLANDO, FL 32835 ☐ Delete

TITLE DVP
NAME REKO, VALERIE
STREET ADDRESS 8111 WELL'S MERE CIR
CITY-ST-ZIP ORLANDO, FL 32835 ☐ Delete

TITLE VD
NAME FILLENWARTH, DOUGLAS
STREET ADDRESS 7979 WELLSMERE CIR
CITY-ST-ZIP ORLANDO, FL 32835 ☐ Delete

TITLE AS
NAME CARPENTER, SUE
STREET ADDRESS 5401 S. KIRKMAN SUITE 300
CITY-ST-ZIP ORLANDO, FL 32819 ☐ Delete

TITLE SD
NAME TITER, TRISH
STREET ADDRESS 8103 WELLSMERE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32818 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D/P
NAME KATHY LAWRENCE
STREET ADDRESS 8142 CHELSWORTH DR
CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☒ Addition

TITLE D/V
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D/V
NAME GERALD GUINAZZO
STREET ADDRESS 8125 CHELSWORTH DR
CITY-ST-ZIP ORLANDO FL 32835 ☐ Change ☒ Addition

TITLE D/S/T
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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, PRES. 3-9-04
407/903-9969
#105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #