

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000000419

1. Entity Name
VICTORIA MEWS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
2132 E OAKLAND PK BLVD
FORT LAUDERDALE, FL 33306

Mailing Address
2132 E. OAKLAND PARK
2ND FLOOR
FORT LAUDERDALE, FL 33306

DO NOT WRITE IN THIS SPACE



02212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0840006

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

VORDERMEIER MANAGEMENT CO.
2132 E. OAKLAND PARK BLVD
2ND FLOOR
FORT LAUDERDALE, FL 33307

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
NUGENT, DAVID
33 ONE 7TH AVE
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SKIDMORE, BOB
310 NE 7TH AVENUE
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEIL, IAN
324 NE 7 AVE
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
YENCEUS, MARYANN
322 NE. 7TH AVENUE
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
GOLDBERG, JOE
354 NE 7TH AVENUE
FORT LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/05

Date

815661661

Daytime Phone #