


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90007 047 ****61.25

DOCUMENT # N03594 1. Entity Name VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 16105 N FLORIDA SUITE A LUTZ, FL 33549 US			Mailing Address 16105 N FLORIDA SUITE A LUTZ, FL 33549 US																																																																																																																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-2434118																																																																																																																									
				Applied For <input type="checkbox"/> Not Applicable																																																																																																																									
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent MEZER, STEVEN 220 S FRANKLIN TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>MULLINS, KAAREN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16105 N FLORIDA #A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33549</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KING, MICHELLE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16105 FLORIDA #A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33549</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DV</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LEE, DOUGLAS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16105 N FLORIDA #A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33549</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BRENNAN, SARAH</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>16105 N FLORDIA #A</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LUTZ, FL 33549</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	MULLINS, KAAREN		STREET ADDRESS	16105 N FLORIDA #A		CITY-ST-ZIP	LUTZ, FL 33549		TITLE	D	<input type="checkbox"/> Delete	NAME	KING, MICHELLE		STREET ADDRESS	16105 FLORIDA #A		CITY-ST-ZIP	LUTZ, FL 33549		TITLE	DV	<input type="checkbox"/> Delete	NAME	LEE, DOUGLAS		STREET ADDRESS	16105 N FLORIDA #A		CITY-ST-ZIP	LUTZ, FL 33549		TITLE	SD	<input type="checkbox"/> Delete	NAME	BRENNAN, SARAH		STREET ADDRESS	16105 N FLORDIA #A		CITY-ST-ZIP	LUTZ, FL 33549		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 exemptions contained in Chapter 119, 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: _____ 2/3/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

ATTACHMENT

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Page: 1

VICTORIA TERRACE CONDOMINIUMS BOARD/COMMITTEE MEMBERS REPORT AS OF 01/26/06

NAME/ADDRESS	TITLE/E-MAIL	WORK/FAX	HOME/CELL	TERM EXPIRATION
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CLASS: PRESIDENT

KAAREN MULLINS	President	914-8533 Fax	899-2680	April 2004
11353 Stratton Park Dr	Sunmoonglo@aol.com or condomail113@msn.com	245-5775 cell	989-0219 home	
Temple Terrace FL 33617				

CLASS: VICE PRESIDENT

DOUGLAS D. LEE	Vice President		984-4614	April 2004
11356 STRATTON PARK DRIVE	DDLee22@aol.com	334-2123 cell		
TEMPLE TERRACE FL 33617				

CLASS: DIRECTOR

MICHELLE KING	Director	263-2171 cell	949-2567 Home	April 2004
18251 CLEAR LAKE DRIVE		949-7498 Fax		
LUTZ FL 33548				

CLASS: SECRETARY

Sarah Brennan	Secretary	899-0720		April 2004
11348 GRANDVILLE DRIVE	Sarah.Brennan@Med.Va.gov			
TEMPLE TERRACE FL 33617				

CLASS: TREASURER

APRIL M. HAMILTON	Treasurer	988-8073		April 2004
5920 STRATTON PARK DRIVE	April_M_Hamilton@hotmail.com			
TEMPLE TERRACE FL 33617				