

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90125 040 ****61.25

DOCUMENT # N28931

1. Entity Name
VICTORIA PLACE OWNERS ASSOCIATION, INC.



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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006 Chg-NP CR2E037 (11/05)

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

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

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, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME LAWRENCE, KATHY
STREET ADDRESS 8142 CHELSWORTH DR
CITY-ST-ZIP ORLANDO, FL 32835

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

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

TITLE ☒ Change ☐ Addition
NAME *President*
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME *Vice-President*
STREET ADDRESS *Michael Schiavoni*
CITY-ST-ZIP *8148 Chelsworth Dr.*
Orlando, FL 32835

TITLE DT ☐ Delete
NAME VALLADAVAS, MARY JO
STREET ADDRESS 7919 WELLSMERE CIRCLE
CITY-ST-ZIP ORLANDO, FL 32835

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

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

TITLE ☐ Change ☐ Addition
NAME *Director*
STREET ADDRESS *Akan Crapps*
CITY-ST-ZIP *7978 Wellsmere Circle*
Orlando, FL 32835

TITLE DV ☒ Delete
NAME GUINAZZO, GERALD
STREET ADDRESS 8125 CHELSWORTH DR
CITY-ST-ZIP ORLANDO, FL 32835

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

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:

JOHN HOLZLI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 2006
Date

4072985346
Daytime Phone #