


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

(335)

06 MAY -3 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N05000010848</b> 1. Entity Name <b>THE HEMINGWAY AT VICTORIA PARK CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 721 N.E. 3RD AVE FT. LAUDERDALE, FL 33404			Mailing Address 721 N.E. 3RD AVE FT. LAUDERDALE, FL 33404		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>SOLOMON &amp; FURSHMAN, LLP          1666 KENNEDY CAUSEWAY SUITE 302          NORTH BAY VILLAGE, FL 33141</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$8.75 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DOERING, JOHN C 721 N.E. 3RD AVE FT. LAUDERDALE, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100075217751 05/25/06--01007--002 *111.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DOERING, III, RALPH H 721 N.E. 3RD AVE FT. LAUDERDALE, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GLENN, SUSIE 721 N.E. 3RD AVE FT. LAUDERDALE, FL 33404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 an other like empowered.					
<b>SIGNATURE:</b> <u>Ralph H. Doering, III</u> (Ralph H. Doering, III) 4/24/06 954-525-0210					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					