

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90253 005 \*\*\*\*61.25

<b>DOCUMENT # N97000000419</b>					
<b>1. Entity Name</b> VICTORIA MEWS HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 2132 E OAKLAND PK BLVD FORT LAUDERDALE, FL 33306			<b>Mailing Address</b> 2132 E. OAKLAND PARK 2ND FLOOR FORT LAUDERDALE, FL 33306		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  VORDERMEIER MANAGEMENT CO. 2132 E. OAKLAND PARK BLVD 2ND FLOOR FORT LAUDERDALE, FL 33307			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DVP NUGENT, DAVID 33 ONE 7TH AVE FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD MARK SILVER 362 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, JOE 354 NE 7 AVE FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVID NUGENT 330 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST HINKLEY, SUSA 334 NE 7 AVE FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT SKIDMORE 310 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	PD SILVER, MARK 362 NE 7 AVE FORT LAUDERDALE, FL 33301 <input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DST STEVEN FROHN 352 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D JOE GOLDBERG 354 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D JOE GOLDBERG 354 NE 7TH AVENUE FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/16/07 <small>Date</small>		
<small>Daytime Phone #</small>					