



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90028 037 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01082008 Chg-NP CR2E037 (12/06)				4. FEI Number 59-2923140	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CARPENTER, SUE 5401SO. KIRKMAN RD STE 450 ORLANDO, FL 32819			7. Name and Address of New Registered Agent 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 _____ <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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete OHEY, TIM 8088 WELLSMERE CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Tim O'Hey 8088 Wellsmere Circle Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SCHIAVONI, MICHAEL 8148 CHELSWORTH DR ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete VALLADAVAS, MARY JO 7919 WELLSMERE CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary Jo Valladras 7919 Wellsmere Circle Orlando, FL 32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete POLLACK, OLIVE 8228 WELSMERE CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete James Williams 7984 Wellsmere Circle Orlando, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete John Holzi 8203 Chelsworth Drive Orlando, FL 32835		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 all other like empowered.					
SIGNATURE: <i>Michael Schorin</i>			3-20-08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		