

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28931

FILED
Jan 09, 2009
Secretary of State

Entity Name: VICTORIA PLACE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5401 S KIRKMAN RD
STE 450
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5401 S KIRKMAN RD
STE 450
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-2923140

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS
5401 S. KIRKMAN ROAD
STE 450
ORLANDO, FL 32819 US

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.

SIGNATURE: KAREN SFARA

01/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: OHEY, TIM
Address: 8088 WETSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: SCHIAVONI, MICHAEL
Address: 8148 CHELSWORTH DR
City-St-Zip: ORLANDO, FL 32835

Title: DT () Delete
Name: VALLADRES, MARY JO
Address: 7919 WELLMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: O'HEY, TIM
Address: 8088 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: VP (X) Change () Addition
Name: VALLADARES, MARY JO
Address: 7919 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change () Addition
Name: WILLIAMS, JAMES
Address: 7984 WELLSMERE CIRCLE
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM O'HEY

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date