

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03594

FILED  
Mar 12, 2009  
Secretary of State

**Entity Name:** VICTORIA TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16105 N FLORIDA  
SUITE A  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

16105 N FLORIDA  
SUITE A  
LUTZ, FL 33549 US

**New Mailing Address:**

**FEI Number:** 59-2434118      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEZER, STEVEN  
1801 N. HIGHLAND AVE  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MULLINS, KAAREN  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: D ( ) Delete  
Name: KING, MICHELLE  
Address: 16105 FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: VP ( ) Delete  
Name: LEE, DOUGLAS  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete  
Name: PICCOLO, NORMANDY  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: TD ( ) Delete  
Name: VALDEZ, JOHN  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TP (X) Change ( ) Addition  
Name: LEE, DOUGLAS  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: VD (X) Change ( ) Addition  
Name: PICCOLO, NORMANDY  
Address: 16105 N FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

Title: SD (X) Change ( ) Addition  
Name: VALDEZ, JOHN  
Address: 16105 N. FLORIDA #A  
City-St-Zip: LUTZ, FL 33549

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: KAAREN MULLINS

PRES

03/12/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date