

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90412 019 ****61.25

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|--|---|---|---|--|--|
| DOCUMENT # 717234 1. Entity Name VICTORIA PARK TOWER ASSOCIATION, INC. | | | | | |
| Principal Place of Business 900 NE 18TH AVE FT. LAUDERDALE, FL 33304 US | | | Mailing Address 900 NE 18TH AVE FT. LAUDERDALE, FL 33304 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 03172006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-1318150 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MORGAN, KAREN 900 NE 18TH AVE. #1408 FORT LAUDERDALE, FL 33304 | | | | 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, 2006 | | 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 | Vice President MORGAN, KAREN 900 NE 18TH AVE. #1408 FORT LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Glen Lawson 900 NE 18th Ave # 903 Fort Lauderdale FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STACEY, WALLY 900 N. E. 18TH AVE #1008 FT. LAUDERDALE, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Ken Schaeffer 900 NE 18th Ave # 1003 Fort Lauderdale FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SEPE, VINCE 900 NE 18TH AVE., #1404 FORT LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director June Stacey 900 NE 18th Ave # 1008 Fort Lauderdale FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S MALOUF, GEORGE 900 N E 18TH AVE # 1401 FT. LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer Diana Schildt 900 NE 18th Ave # 709 Fort Lauderdale FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President KEATING, TIM 900 NE 18TH AVE., #403 FORT LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President Karen Morgan 900 NE 18th Ave # 1408 Fort Lauderdale FL 33304 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPOHR, JUDY 900 NORTHEAST 18TH AVENUE FT. LAUDERDALE, FL 33304 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Tim Keating 900 NE 18th Avenue # 403 Fort Lauderdale FL 33304 | |
| 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 <u>Tim Keating</u> <u>TIM KEATING</u> <u>3/18/06</u> <u>954-764-2134</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |