# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

4/15/2004-90038-023-$61.25-$61.25

DOCUMENT # 719722

1. Entity Name

THE VICTORIAN CONDOMINIUM APARTMENTS, INC.

FILED
04 JUN 10 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOORE CR2E037 (11/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 2401 PARK AVE, APT. 2<br>RIVIERA BEACH FL 33404 | 2401 PARK AVE, APT. 2<br>RIVIERA BEACH FL 33404 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MALT, ALFRED S.<br>2401 PARK AVE, APT 2<br>RIVIERA BEACH FL 33404 | Name ANDY MYERS<br>Street Address (P.O. Box Number is Not Acceptable) 920 Woodlane RD 2401 PARK AVE APT 3<br>RIVIERA BEACH FL 33404<br>City BEVERLY N.J. Zip Code 08010 |

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 [signature] 4/13/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 Due By May 1 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $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 | PD<br>SHEEHY, PATRICK<br>107 VILLAGE GREEN<br>BARDONIA NY 10954 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MYERS, ANDY<br>920 WOODLANE RD<br>BEVERLY NJ 08010 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MALT, ALFRED<br>2401 PARK AVE, APT. 2<br>WEST PALM BEACH FL 33404 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>HEAL, MARTHA<br>SALEM RD<br>BURLINGTON NJ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ERICKSON, RALPH<br>2401 PARK AVE, APT #1<br>RIVIERA BEACH FL 33404-4712 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] ANDREW E. MYERS 6/3/04 609 518-2525

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #