FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 4:12

DOCUMENT # 737211 (3)

1. Corporation Name
VICTORIA OAKS OWNERSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
RT. 1 BOX 125-4 HAWTHORNE FL 32640	RT. 1 BOX 125-4 HAWTHORNE FL 32640

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1976
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1474531 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 RT. 1 Box 125-4	26 RT 1 Box 125-4 32640
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Hawthorne, FL	28 City & State: Hawthorne FL
24 Zip: 32640 25 Country: Putnam	29 Zip: 32640 30 Country: Putnam

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROSS, LORI
116 W. CEDAR CT.
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	OHMAN, ANN	1.2 NAME	Sonny Pettway, Sr	
STREET ADDRESS	105 E CEDAR	1.3 STREET ADDRESS	104 Victoria Rd	
CITY-ST-ZIP	HAWTHORNE FL	1.4 CITY-ST-ZIP	Hawthorne, Fla 32640	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	DRUMMOND, JIM	2.2 NAME	Curtis J. Bettye	
STREET ADDRESS	116 W CEDAR CT	2.3 STREET ADDRESS	101 Cameron Ct	
CITY-ST-ZIP	HAWTHORNE FL	2.4 CITY-ST-ZIP	Hawthorne Fla. 32640	
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MORAND, LINDA	3.2 NAME	Drummond Jim	
STREET ADDRESS	RT 1 BOX 125-21	3.3 STREET ADDRESS	116 W Cedar Ct	
CITY-ST-ZIP	HAWTHORNE FL	3.4 CITY-ST-ZIP	Hawthorne, Fla	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sonny Pettway by Sonny Pettway, Sr 1/31/95 904-481-5716
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0030107