

FILE NOW: FILING FEE IS \$61.25

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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737211** (3)

1. Corporation Name

VICTORIA OAKS OWNERSHIP ASSOCIATION, INC.



Principal Place of Business RT 1 BOX 125-4 HAWTHORNE FL 32640 US	Mailing Address RT 1 BOX 125-432640 HAWTHORNE FL 32640-9901 US
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3. Date Incorporated or Qualified 11/03/1976	3a. Date of Last Report 02/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1474531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSS, LORI 116 W. CEDAR CT. HAWTHORNE FL 32640
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10. Name and Address of New Registered Agent 81 Name KIMBERLEY S. JACKSON 82 Street Address (P.O. Box Number is Not Acceptable) 108 E. CEDAR CT. 83 84 City HAWTHORNE FL 85 Zip Code 32640

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Kimberley S. Jackson* **KIMBERLEY S. JACKSON, ST** **3-13-97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	PETTWAY, SONEY SR <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	RODNEY C. ADAMS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS 104 VICTORIA RD		1.3 STREET ADDRESS 126 WEST CEDAR CT.	
CITY - ST - ZIP HAWTHORNE FL		1.4 CITY - ST - ZIP HAWTHORNE, FL 32640	
TITLE VD	BETTYE, CURTIS J <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	JOYCE CHAMBERLAIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS 101 CAMELLA CT		2.3 STREET ADDRESS 102 HONEYSUCKLE CT.	
CITY - ST - ZIP HAWTHORNE FL		2.4 CITY - ST - ZIP HAWTHORNE, FL 32640	
TITLE STD	DRUMMOND, JIM <input checked="" type="checkbox"/> DELETE	3.1 TITLE STD	KIMBERLEY S. JACKSON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS 116 W CEDAR CT		3.3 STREET ADDRESS 108 E. CEDAR CT.	
CITY - ST - ZIP HAWTHORNE FL		3.4 CITY - ST - ZIP HAWTHORNE, FL 32640	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Kimberley S. Jackson* **KIMBERLEY S. JACKSON, ST** **3-13-97** **481-2137**
Signature and typed or printed name of signing officer or director Date Daytime Phone #0011570

CR2E037 (9/96)