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

May 24, 2004 8:00 am Secretary of State **DOCUMENT # 737211** 1. Entity Name 05-24-2004 90010 013 ****61.25 VICTORIA OAKS OWNERSHIP ASSOCIATION, INC. 121 Victoria K Principal Place of Business Mailing Address 101-VICTORIA RD 101-VICTORIA RD 14022885 HAWTHORNE FL 32640 HAWTHORNE FL 32640 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-1474531 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 10thow eresA 6 BODDIE, BRIAN 101-VICTORIA RD Street Address (P.O. Box Number is Not Acceptable) 121 Victoria Ro **HAWTHORNE FL 32640** ictoria RD Haw thorne Ha 352-481-3002 City / Zip Code wrne 7/a 32640 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. SIGNA URE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE TITLE □ Delete ☐ Change ■ Addition BODDIE, BRIAN NAME NAME 101 VICTORIA RD. STREET ADDRESS STREET ADDRESS 21 Victoria Ro HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition Delete CHAMBERLAIN, JOYCE NAME NAME 102 HONEYSUCKLE CT. STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change ☐ Addition WHITESIDE, BEVERLY C NAME NAME 105 CAMELLIA COURT STREET ADDRESS STREET ADDRESS HAWTHORNE FL 32640 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

Changed, or an arrangement with arradoross, with abother incompowers

NAME

STREET ADDRESS

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 14-04

352-481-3002

FILED

Daylime Phone #

ATTACHMENT 14022885 #737211

Teresa Watson 121 Victoria Rd Hawthorne FL 32640-4339

No Song : I noner set the Letter til the 13th of May



2004 Member of The Humane Society of the United States