


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 737211</b> 1. Entity Name VICTORIA OAKS OWNERSHIP ASSOCIATION, INC.	
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Principal Place of Business 121 VICTORIA RD HAWTHORNE, FL 32640 US	Mailing Address 121 VICTORIA RD HAWTHORNE, FL 32640 US
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**DO NOT WRITE IN THIS SPACE**



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1474531	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  WATSON, TERESA 121 VICTORIA RD HAWTHORNE, FL 32640	<b>DO NOT WRITE IN THIS SPACE</b>
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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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WATSON, TERESA 121 VICTORIA RD HAWTHORNE, FL 32640
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHAMBERLAIN, JOYCE 102 HONEYSUCKLE CT. HAWTHORNE, FL 32640
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-04/27/05-80143-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Teresa Watson **4-25-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #