


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 08:00 AM
Secretary of State

DOCUMENT # 737211	
1. Entity Name VICTORIA OAKS OWNERSHIP ASSOCIATION, INC.	

Principal Place of Business 121 VICTORIA RD HAWTHORNE, FL 32640 US	Mailing Address 121 VICTORIA RD HAWTHORNE, FL 32640 US
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04162008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

WATSON, TERESA
121 VICTORIA RD
HAWTHORNE, FL 32640

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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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05/05/08-80015-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Laura Watson 4-14-08 352-481-3802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #