2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744582

FILED Apr 10, 2009 Secretary of State

Entity Name: VICTORIA VILLAGE "F" CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 US **Current Mailing Address: New Mailing Address:** 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 US FEI Number: 59-1814340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BRUCE BANDLER** 1310 AVENUE OF THE STARS COCONUT CREEK, FL 33066 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SAMPSON, JOAN Name: Name: 2901 VICTORIA CIRCLE, APT M-1 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition WRIGHT, WILBUR Name: Name: Address: 2901 VICTORIA CIRCLE, APT F-1 Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: TD () Delete Title: () Change () Addition FAYAD, RICHARD Name: Name: 2901 VICTORIA CIRCLE, APT K-4 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: SD Name: DEAN, SONIA Name: MARGOLIN, HARVEY 2901 VICTORIA CIRCLE, APT J-2 2901 VICTORIA CIRCLE, APT L-2 Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 Title: () Delete Title: (X) Change () Addition WRIGHT, BEVERLY SOUSA, JOSEPH Name: Name: 2901 VICTORIA CIRCLE, APT F-1 2901 VICTORIA CIRCLE, APT E-3 Address: Address: COCONUT CREEK, FL 33066 City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOAN SAMPSON P 04/10/2009