

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 SEP 16 PM 1:09

DOCUMENT # **746872** (1)

1. Corporation Name

VICTORIA PARK I PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

**9583 SUSSEX STREET
NAPLES FL 33942
34109**

Mailing Address

**9583 SUSSEX STREET
NAPLES FL 33942
34109**

3. Date Incorporated or Qualified
04/24/1979

3a. Date of Last Report
03/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

34109

25

29

34109

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOPPENSTEDT, RONALD
9583 SUSSEX STREET
NAPLES FL 33942**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**000001561256
-10/01/96 - 01130 - 008
*****61.25 FL *****09.25**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
HOPPENSTEDT, RONALD
9583 SUSSEX STREET
NAPLES, FL 33942 34109**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VD
HARGIE, MICHAEL
9797 BERKSHIRE ST
NAPLES, FL 33942 34109**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TD
WHITTENHALL, JOEL E.
9581 WHITEHALL ST
NAPLES, FL 33942 34109**

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
GRAHAM, WILLIAM
9603 OXFORD ST
NAPLES, FL 33942 34109**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
CICCHINI, MARGARET.
481 HUNTINGTON DR.
NAPLES FL 34109**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
KOENIG, MICHAEL
480 NOTTINGHAM DR
NAPLES FL**

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**PD
KOENIG, MICHAEL
480 Nottingham Drive
Naples, FL 34109**

☐ Change ☒ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**TD
HOPPENSTEDT, RONALD
9583 Sussex Street
Naples, FL 34109**

☐ Change ☒ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

OC 9-27

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D
HYLEMON, DEBORA
9596 Sussex Street
Naples, FL 34109**

☐ Change ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Ronald Hoppenstedt**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald Hoppenstedt, Treasurer

9-11-96

Date

941 775-0723

Daytime Phone #

CR2E037 (12/95)